

48th AUSTRALIAN CHERUB CHAMPIONSHIP

December 2010 – January 2011



Entry Form

SAIL NO

FORWARD TO:

The Secretary
CCASA
Unit 2 / 25
Tim Hunt Way
Peterhead, SA 5016

PLEASE PRINT:

BOAT NAME _____

CLUB _____

NAME (Skipper) _____

ADDRESS _____

STATE _____

POST CODE _____

PHONE (H) _____

(Mob) _____

E-MAIL _____

SHIRT SIZE _____

DATE OF BIRTH _____

YA NUMBER _____

NAME (Crew) _____

ADDRESS _____

STATE _____

POST CODE _____

PHONE (H) _____

(Mob) _____

E-MAIL _____

SHIRT SIZE _____

DATE OF BIRTH _____

YA NUMBER _____

WE ARE ELIGIBLE TO COMPETE FOR THE FOLLOWING TROPHIES:

(Refer Notice of Race - Eligibility clause 5 for dates for age groups)

OPEN	[]	CADET	[]
VETERAN	[]	JUNIOR	[]
WOMAN SKIPPER	[]		

I agree to be bound by the rules of the Racing Rules of Sailing 2009-2012 and all other rules that govern this event.

I acknowledge and understand that the Cherub Class Owners Association of SA, the Cherub National Council of Australia, Largs Bay Sailing Club, their members, officers, officials and sponsors and all others involved in the management and conduct of this regatta shall not be liable for the loss of life or property, personal injury and/or damage to property caused by or arising out of participation in this event.

I further declare that I have current Third Party Liability Insurance in accordance with Clause 15 of the Notice of Race.

SIGNED _____ **DATE** _____
(Owner/Helmsman)

SIGNED _____ **DATE** _____
(Owner/Crew)

ENTRANTS UNDER 18 YEARS:

As the parent/guardian of the above named entrant, I hereby consent to his/her participation in this event on the terms and conditions as outlined in the Notice of Race.

Parent/Guardian (Helmsman) SIGNED _____ **DATE** _____

Parent/Guardian (Crew) SIGNED _____ **DATE** _____

NOTE: All cheques/money orders to be made out to "CCOASA"

ENTRIES CLOSE – 29th November 2010

NO ENTRY WILL BE ACCEPTED UNLESS FULL PAYMENT IS ENCLOSED

48th CHERUB NATIONAL CHAMPIONSHIPS 2010/2011
MEDICAL AND EMERGENCY INFORMATION

(Separate Form for Skipper and Crew – Please Fill in Relevant Sections)

Boat Number: Boat Name:
Name:
DOB: ___/___/_____
Address:
AYF Number:
Club:

NEXT OF KIN/EMERGENCY CONTACT (Please provide two)

Name and relationship to you:
Home Ph: Work Ph:
Mobile:

Name and relationship to you:
Home Ph: Work Ph:
Mobile:

HEALTH INSURANCE DETAILS:

Do you have Private Health Insurance? Yes / No
Name of Fund..... Member number.....
Medicare Number: Position on card:
Expiry:/.....

IMMUNISATION DETAILS: Please provide dates for the following

Tetanus/ADT/DTP:
Meningococcal:.....

MEDICAL DETAILS:

Do you suffer with any medical condition? Yes / No

Please provide details, including medication

.....
.....
.....

Do you have any relevant past medical or surgical history? Yes / No

.....
.....
.....

Do you have any allergies? Yes / No

Please state specific treatment, including medication:

.....

Are you currently taking any medication? Yes / No

Medication Name:Dose:

Time taken:

Medication Name:Dose:

Time taken:

Do you have any dietary restrictions? Please state Yes / No

EMERGENCY CONSENT:

In the event of an emergency, I authorise the nominated first aid officer to arrange any medical or dental Treatment required, including the calling of an ambulance.

PRIVACY CONSENT:

I authorise for the nominated first aid officer to release any of the above medical information to emergency personnel or other relevant allied health professionals.

Signature:

Date:

Parent Signature:

Date:(If under 18)

NOTE: Competitors with medical conditions (anaphylaxis, asthma, epilepsy, diabetes), are to submit their emergency medication to the first aid officer on duty at the beginning of each race day.