



LASER EUROPA CUP

14th to 17th April 2011

ENTRY FORM

☐ **STANDARD RIG**

☐ **RADIAL RIG**

☐ Male ☐ Female

☐ **4.7 RIG**

☐ Male ☐ Female

ISAF NUMBER (Obligatory)

If you have not got an ISAF number or have forgotten it, please visit the ISAF web site

SAIL NUMBER

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National letters

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Numbers – This number is the hull number, it begins by 1 and the two first numbers are in red

Family name First name

Address

Country Club

Phone: Home Office Mobile

Email: Date of birth (DD/MM/YY)

ILCA European card ☐ Yes ☐ No

FOR FRENCH SAILORS

N° de licence FFV N° de Club Nom N° de Ligue

Carte de publicité ☐ Oui ☐ Non

LIABILITY

I hereby acknowledge that the host club National Authority, the International Laser Class Association, their officers, members and volunteers do not accept any liability for loss of life or property, personal injury or damage to property caused by or arising out of the above Laser Master regatta, and that I take part in the regatta entirely at my own risk.

The establishment of the Notice of Race and the Sailing Instructions in no way limits or reduces the complete and unlimited responsibilities of a competitor being solely and entirely responsible for the management of a boat he or she is sailing.

I accept sole responsibility for my decision to participate in a race or to continue racing.

I agree to be bound by the Racing Rules of the ISAF and the International Laser Class Rules as amended by the Sailing Instructions and the official Race Notices.

I am of good health and competent sailor capable of sailing a Laser in strong winds.

I understand and accept that I am wholly and exclusively responsible for third party liability insurance on the boat that I am sailing and for my personal accident and health insurance.

☐ I enclose full entry fee (obligatoire pour les coureurs français ou de Monaco)

☐ I will pay on arrival (only for foreigners)

80€ before the 1st April 2011

90€ after the 1st April 2011

Signed:

Date:

AUTORISATION PARENTALE POUR LES MINEURS / PARENTAL AUTHORIZATION FOR UNDERAGE SAILORS

Je soussigné/I undersigned Autorise mon fils, ma fille/allow my son, my daughter

A participer à la compétition organisée par la SRR du 14 au 17 avril 2011/To participate into the competition organised by SRR on April 14th to April 17th 2011.

Fait à/write in le/on

Signature :

PLEASE SEND ENTRY FORM TO

SRR, avenue de la Capitainerie, Port des Minimes, 17000 la Rochelle, France

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