



ROYAL GEELONG YACHT CLUB Inc.

Parent Consent Form

I certify that my boat complies with the Australian Sailing Special Regulations Part 2-For Off The Beach Boats and the relevant class rules.

Boat Name: _____ **Sail No.** _____

Competitor's Name: _____

I, _____ of

consent to my son/daughter competing in the event as per the terms and conditions accepted in the relevant Notice Of Race (NOR). I hereby authorise the organisers to permit my son/daughter to be given necessary drugs or anaesthetic and to be operated upon, in the event of a medical emergency, if such treatment is considered necessary, by a duly qualified medical practitioner during this regatta. This permission is given providing every effort is made to contact me personally before any decision is made to administer drugs, anaesthetise or operate.

The information contained on this form is, to the best of my knowledge, true and correct.

Signed: _____

Date ____/____/____

[Parent/Legal Guardian of sailor listed above and residing at the address shown there on]

CONTACT NUMBERS DURING EVENT

HOME.....

MOBILE

EMAIL.....