





Parent/Guardian Consent and Supervision Form

Completion of this form is required for all competitors under 18 years of age. It must be signed by the parent/guardian of the young person and returned to the organizers at registration.

Name	of Competitor:		<u></u>	
Organ	izing Authority: Kingston Yacht Club			
Event	& Class:			
	FORK			
	FOILKingston Regatta Windfoiling	□WASZP	☐ ACLASS	
Date:	☐ Thursday July 22 Race Clinic	Friday July 23	3 – Sunday July 25	
Risk St	atement			
_	is by its nature an unpredictable sport and there to participate in the event I, the parent/guardian		lves an element of risk. By allowing the child mention and acknowledge that:	ned
b) I ha		-	responsibility for exposing my child to such inherent ge to participate in the event and to deal with condition	
-	I not allow my child to participate in the event wo participate;	hilst they are under	the undue influence of alcohol, drugs or whilst other	wise
d) I am	responsible for ensuring that the boat is in good	d order, equipped an	nd insured;	
e) I am	responsible for my child's property whether after	oat or ashore;		
f) I acc	ept responsibility for any injury, damage or loss	caused by my own a	ctions/omissions/actions/omissions of my child;	
	provision of a race management team, safety bo al/guardianship responsibilities or my child of hi			
-	my responsibility to familiarize myself and my ch les and information produced for the venue or e		ecific to this venue or this event drawn to our attention ny safety briefing held for the event;	on in
-	provision of safety boat cover is limited to such a ed in the circumstances.	ssistance, particularl	y in extreme weather conditions, as can be practically	У
Accep	tance of the Rules			
	ition, by allowing the child mentioned above to pated below in loco parentis (where applicable), a		ent, I, the parent/guardian of the child, and the person ge that:	n
We, ar	nd my child, are bound by the rules as defined in	the Racing Rules of S	Sailing (RRS) and all other rules that govern this event	t;
] I will be responsible for my child throughout t	he event and during	the time that he/she is afloat.	
] I will be available at the event venue.			
	I appoint the person named below, who has a	greed to act in loco p	parentis.	
	\square He/she will be responsible for my chi	ld throughout the ev	vent and during the time that my child is afloat.	
	\square He/she will be available at the event	venue.		

Privacy Statement

The organizing authority will use the information provided on this form for the purposes of administering the event in accordance with the Racing Rules of Sailing, to which the persons completing this form have agreed to be bound. The legal basis for processing information is contract. In accordance with the Racing Rules of Sailing, personal information contained on this form may be shared with Sail Canada

I hereby give permission to Canadian Foiling Centre, Kingston Yacht Club, and FORK to use, publish or reproduce photograph(s) of me and/or my child for promotional or other purposes via their websites or any other medium. In no case will I or my child be identified by name without my explicit permission.

ame of parent/guardian:				
gnature of parent/guardian:				
ontact telephone/mobile:				
ame of person appointed in loco parentis:				
Signature of person appointed in loco parentis:				
ontact telephone/mobile:				