



NOTICE OF RACE  
**2005 RHODES FORMULA WINDSURFING  
 EUROPEAN CHAMPIONSHIP**

Ialisos, Rhodes, Greece - Sunday 5 June to Sunday 12 June 2005  
*An International Windsurfing Association sanctioned event*



**Form 2 PARENT OR LEGAL GUARDIAN'S ASSENT**

**NB** If the participant is under eighteen years of age, the following must be completed by the participant's parent or legal guardian.

I, being the parent or legal guardian of \_\_\_\_\_  
 (print competitor's name)

hereby confirm that the "Agreement" in form 1 shall be binding on him/her. I further agree that \_\_\_\_\_ (print competitor's name) may compete in this Championship as specified in the Notice of Race and Sailing Instructions and understand and accept that under RRS Fundamental Rule 4, it is the sole responsibility of \_\_\_\_\_ (print competitor's name) to decide whether or not to start or to continue to race, and I agree not to report to any court or tribunal with respect to such a decision and its consequences.

<b>Signature</b>	<b>Date</b>
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**PARENT**       **LEGAL GUARDIAN**  (tick)

Address of parent or legal guardian:

<b>Last Name</b>		<b>First Name(s)</b>	
<b>Address: Street</b>			<b>City</b>
<b>Post/Zip Code</b>		<b>Country</b>	
<b>Phone #</b>		<b>Fax #</b>	
<b>E-Mail</b>			

Please return this form to the event organiser/registration  
 as detailed on the Notice of Race:

**Rhodes Windsurfing Academy**, Ferenikis Str., Ialisos, Rhodes.

**Tel:** +30 6944 428428

**Fax:** +30 22410 91666

**Email:** [achilleas@rwa.gr](mailto:achilleas@rwa.gr)

**URL:** [www.rwa.gr](http://www.rwa.gr)

PLEASE NOTE THAT YOU SHOULD COMPLETE FORM 3 (MEDICAL TREATMENT PERMISSION)  
 IF YOUR CHILD IS UNDER THE AGE OF 18  
 OR LISTED ON YOUR JOINT TRAVEL/MEDICAL INSURANCE