



**Notice of Race
2005 RHODES FORMULA WINDSURFING EUROPEAN
CHAMPIONSHIP**

Ialisos, Rhodes, Greece.

June 5th to June 12th, 2005

An International Windsurfing Association sanctioned event



Form 3 MEDICAL TREATMENT PERMISSION

I, (print name)

being the parent or legal guardian of
(print competitor's name)

hereby give my permission to my child's coach or team leader (appointed person) to sign for any medical or surgical treatment necessary for my child during the event as defined in the Notice of Race and Sailing Instructions for the 2005 RHODES FORMULA WINDSURFING EUROPEAN CHAMPIONSHIP

APPOINTED PERSON:		
Last Name	First Name(s)	Sail #
Address: Street		City
Post/Zip Code	Country	
Phone #	Fax #	
E-Mail		
IMPORTANT MEDICAL HISTORY:		
LAST TETANUS IMMUNIZATION DATE		
Current Medicines: My child takes the following medicines		
Allergies: My child has the following allergies		
International Medical Insurance: My Child is covered by the following insurance company		
Under Policy No:		to the value of
which allows <input type="checkbox"/> does not allow <input type="checkbox"/> (please tick the relevant box) repatriation by special air taxi.		
PERSON to contact in case of emergency if different from above		
Last Name	First Name(s)	
Address: Street		City
Post/Zip Code	Country	
Phone #	Fax #	
E-Mail		
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 URL: www.rwa.gr		