



Notice of Race
WIND BRAZIL 2007
FORMULA WINDSURFING WORLD CHAMPIONSHIPS

Fortaleza/Ceara, Brazil. 26 November to 2 December 2007

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)

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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 2007 FORMULA WINDSURFING WORLD 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		
<p align="center">Please return this form to the event organiser/registration as detailed on the Notice of Race: Arrow Marketing Address: Av. Dom Luís, 500/1727 Fortaleza -Ceará- Brazil Zip code: 60160-230 Tel: 55 85 3242-5050 e-mail: arrow@arrowmarketing.com.br Web: www.windbrasil.com</p>		