



Formula Windsurfing & Slalom
May 6th to 10th 2008 - Sines, Portugal

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)

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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.

Signature	Date
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PARENT **LEGAL GUARDIAN** (tick)

Address of parent or legal guardian:

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

Please return this form to:

Overpower Club, **Isabel Guimarães**, Rua Coelho da Rocha, 20A, 1250-088 Lisboa
 Phone: +351 213 957 322
 E-Mail: overpower@100surf.pt

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