



**NOTICE OF RACE  
2008 EUROPEAN FORMULA WINDSURFING FESTIVAL**

**2008 FORMULA WINDSURFING YOUTH EUROPEAN CHAMPIONSHIP  
2008 FORMULA WINDSURFING MASTERS EUROPEAN CHAMPIONSHIP  
2008 FORMULA EXPERIENCE EUROPEAN CHAMPIONSHIP**

**Bandol, France. August 26<sup>th</sup> to August 31<sup>st</sup> 2008.**

*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)

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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.

<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>		City	
Post/Zip Code	Country		
<b>Phone #</b>		<b>Fax #</b>	
<b>E-Mail</b>			

Please return this form to:  
**SNB, Plage centrale, 83150 Bandol**  
 Tél. 04 94 29 42 26  
 Fax. 04 94 32 56 07  
[sn-bandol@wanadoo.fr](mailto:sn-bandol@wanadoo.fr)  
[www.sn-bandol.com](http://www.sn-bandol.com)

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