Print Form

NOTICE of RACE

2009 Sopot Formula Windsurfing European Championships
Sopot, Poland **3rd to 8th August 2009**

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.

Signature	**Date**

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	

The Appointed Person accompanying the competitor should present this form at Event Registration

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

SOPOCKI KLUB ŻEGLARSKI HESTIA-SOPOT