



NOTICE of RACE

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

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 **2009 Formula Windsurfing European Championships**.

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		

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



SOPOCKI KLUB ŻEGLARSKI
HESTIA-SOPOT

