EMERGENCY CONTACT & HEALTH INFORMATION

TOP OF THE GULF 2014 - RS:One ASIAN CHAMPIONSHIP

3-5 May - Ocean Marina Yacht Club, Sattahip, Chonburi, Thailand



An International Windsurfing Association sanctioned event

PLEASE BRING A COMPLETED COPY OF THIS FORM WITH YOU TO REGISTRATION AT THE EVENT

Competitor Name	
Sail #	
Date of Birth	
Name of Responsible Adult	
Contact number at this event	
Emergency Contact Name	
Relationship	
Home Address	
Home Phone	
Mobile or Cell Phone	
E-mail	
Authorisation	I, the parent / guardian have legal custody of the minor. I hereby authorise the responsible adult to act as my nominated person at the championship. I agree that this authorisation shall remain in effect for the duration of the minor's participation in the championship and related activities and shall not be revoked before the end of the championship.
Non-Liability of the club and the class	I agree that in no event will the club or the class, their parent companies, affiliates, or the partners, owners, directors, officers, employees, agents and committee persons have any liability whatsoever arising from or in connection with any action or non-action of the responsible adult.
Terms of Entry	I, the parent / guardian understand and agree to the terms of entry as detailed in the Notice of Race and sailing instructions and confirm that the "Agreement" in form 1 shall be binding on him/her. I further confirm that the responsible adult will accompany the minor for the duration of the championship.
Agreement	By submitting this form I certify that I have carefully read, understand and agree to the above agreement and non-liability statement.

Medical Information	
Name of Doctor/Physician	
Medical Centre Name and Address	
Phone Number	
Important Medical History	
Medication	
Allergies	
Further Information	
Date of last anti-tetanus Consent	I hereby authorise the responsible adult named above to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present, as defined in the Notice of Race & Sailing Instructions for the Championship.
Parent/Guardian Name	
Medical Insurance Company	
Policy #	
Value	
Allows Repatriation by special air taxi	Yes
	No

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