



# Notice of Race

## **PALAU STARBOARD PRO KIDS IFCA FREESTYLE WORLDS** **2009 FREESTYLE YOUTH WORLD CHAMPIONSHIP** **2009 FREESTYLE JUNIOR WORLD CHAMPIONSHIP** **2009 STARBOARD FREESTYLE PRO KIDS WORLDS**



Porto Pollo/Palau OT, Sardinia, Italy – 22<sup>nd</sup>-27<sup>th</sup> June, 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  
**PALAU STARBOARD FREESTYLE PRO KIDS WORLDS IFCA**

<b>APPOINTED PERSON:</b>		
<b>Last Name</b>	<b>First Name(s)</b>	<b>Sail #</b>
<b>Address:</b> Street City		
Post/Zip Code Country		
<b>Phone #</b>	<b>Fax #</b>	
<b>E-Mail</b>		
<b>IMPORTANT MEDICAL HISTORY:</b>		
<b>LAST TETANUS IMMUNIZATION DATE</b>		
<b>Current Medicines:</b> My child takes the following medicines		
<b>Allergies:</b> My child has the following allergies		
<b>International Medical Insurance:</b> 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.		
<b>PERSON to contact in case of emergency if different from above</b>		
<b>Last Name</b>	<b>First Name(s)</b>	
<b>Address:</b> Street City		
Post/Zip Code Country		
<b>Phone #</b>	<b>Fax #</b>	
<b>E-Mail</b>		

Please return this form to:

**Event organizer:** Riccardo Genazzani - mobile: +39.348.4517459  
e-mail: [riccardo.genazzani@aiws.it](mailto:riccardo.genazzani@aiws.it)