



**CANBERRA YACHT CLUB  
POINTSCORE AND CHAMPIONSHIP SERIES  
2018-2019  
16<sup>th</sup> September 2018 – 24<sup>th</sup> March 2019  
ENTRY FORM**



Please accept my entry for the Canberra Yacht Club (CYC) Pointscore and Championship Series 2018-2019 to be conducted at the CYC between 16<sup>th</sup> September 2018 and 24<sup>th</sup> March 2019.

BOAT CLASS: \_\_\_\_\_  
(Please be specific as to any sub class eg: Laser Radial, Flying Fifteen)

SAIL NO.: \_\_\_\_\_ HULL COLOUR: \_\_\_\_\_

BOAT NAME: \_\_\_\_\_

SKIPPER: \_\_\_\_\_ AS Member No.: \_\_\_\_\_

Home Address (if not a CYC member)  
\_\_\_\_\_

PHONE: \_\_\_\_\_ YACHT CLUB: \_\_\_\_\_

CREW 1: \_\_\_\_\_ AS Member No.: \_\_\_\_\_

CREW 2: \_\_\_\_\_ AS Member No.: \_\_\_\_\_

CREW 3: \_\_\_\_\_ AS Member No.: \_\_\_\_\_

CREW 4: \_\_\_\_\_ AS Member No.: \_\_\_\_\_

CREW 5: \_\_\_\_\_ AS Member No.: \_\_\_\_\_

**DECLARATION**

I agree to be bound by The Racing Rules of Sailing, rules that govern this event and confirm my boat conforms with the safety provisions outlined in the RRS.

I acknowledge that competitors participate in the regatta entirely at their own risk. (See rule 4 – ‘Decision to Race’.) I acknowledge that the organising authority will not accept any liability for material damage or personal injury or death sustained in conjunction with or prior to, during, or after the regatta.

I confirm that the boat entered has third party liability insurance cover of not less than \$5,000,000 per event or the equivalent.

Insurance Company Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** If a skipper or crew member will be under 18 years of age during the event the following consent must be signed (one for each under 18).

I, \_\_\_\_\_ of \_\_\_\_\_

Being the parent, legal guardian or custodian of \_\_\_\_\_ consent of him/her Participating in the CYC Pointscore and Championship Series 2018-2019 Regatta upon the terms and conditions set out in the Notice of Race and do likewise agree to indemnify YACT, and the CYC and their officials or members, as prescribed in those documents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only				CYC Entry form for 2015-16	
Y/STICK or CBH	AHC	DIVISION	TYPE OF RACE ENTRY	ENTERED IN SYSTEM	
			CASUAL	INITIAL	DATE