

# 15<sup>th</sup> Annual Schools Regatta 2017

## The Five Castles Regatta

### Entry Form

Venue: Galloway Activity Centre, Loch Ken New Galloway

<http://www.fivecastlesregatta.org.uk/contact-us>

**Date:** Friday June 16<sup>th</sup> to Sunday 18th June 2017

**Times:** Please arrange to arrive no later than 09:00am. Briefing 09:25am.

**First race:** Friday 10:00 am. Prize giving approximately 3:30pm

**Other events** Full schedule: TBC

**Entry fees:** £10.00 per participant (Racing Fleet or Taster Fleet Friday)

**Full weekend:** £45 see schedule link above

**Closing date for entries and payment: Friday June 2<sup>nd</sup> 2017**

**School** \_\_\_\_\_ **contact** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Emergency contact telephone No** \_\_\_\_\_

**Racing Team (The main race regatta)**

Name	£10/Friday only entrant	or	Weekend Event £45 inclusive	Laser Q +£5	Fee @
_____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____

**Taster Fleet List (budding beginner sailors)**

Name	£10/Friday only entrant	or	Weekend Event £45 inclusive	Laser Q +£5	Fee @
_____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____



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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Total fees enclosed \_\_\_\_\_

Photography does take place at this event by press and the organisers if you do not wish images of your young people to be published please tick this box:

Please return this form together with your cheque made payable to "Annandale Sailing Club" to:-

Mrs Beverly Wilkinson      Mb: 07762326711  
Woodlandbanks  
Hightae  
Lockerbie, DG11 1JY      Email: bev7572@hotmail.com

**IMPORTANT: Please also complete the consent form below for each young person listed.**





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### CONSENT FORM

I the undersigned \_\_\_\_\_ (Parent/guardian) give permission for this child  
 \_\_\_\_\_ to take part in the Galloway Activity Centre Programme(s)

Unless unaccompanied by myself I agree that he/she will be under the authority of and responsibility to the instructor / coach / teacher.

If, at anytime during the session he/she requires urgent medical treatment I give permission. Provided I cannot be contacted. To the doctor or surgeon designated to make any decision necessary including administering an anaesthetic.

**Please tick either YES or NO below as appropriate.** If YES, please provide further details including current medication.

	No	Yes	Further Details including medicine and dosage	Self administered Yes/No
Asthma				
Diabetes				
Epilepsy				
Hay Fever				
Heart Condition				
Any other condition that you feel that we should be aware of				
Any known allergy to medicine (e.g. penicillin)				
Any recent injury or illness				

Are any of the conditions you have answered yes to above not known to the child?  
 Is there anything else you would like us to know?

\_\_\_\_\_  
 \_\_\_\_\_

From time to time, photography may be taken for promotional purposes. If you have any objections to your child being photographed, please tick box

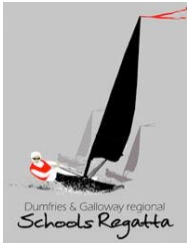
Galloway Activity Centre will use your name and address for future notification of any Outdoor Activity programs. If you do not wish to receive information please tick here

It is the responsibility of the parent / guardian to inform Galloway Activity Centre if any details included on this form change.

Signature ..... Date .....

Relationship .....

**Please return the completed form to Mrs Beverly Wilkinson Woodlandbanks Hightae Lockerbie, DG11 1JY**  
**NOTE: CONSENT FORMS MANDATORY FOR THOSE UNDER 18YRS OF AGE BEFORE THEY CAN PARTICIPATE**



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