



PLEASE SEND ENTRY FORM TO:

Warnemünder Segel-Club e. V.
Am Bahnhof 3 (Yachthafen Mittelmole)

18119 Warnemünde
Germany

Warnemünder Segel-Club e. V.

Fax: +49 (0)381 / 519 35 23

PLEASE PRINT CLEARLY IN BLACK INK
YOU MUST FILL IN ALL THE FIELDS BELOW. THIS IS IMPORTANT FOR THE CALCULATION OF THE OVERALL SCORES AND ISAF RANKINGS.

Please tick (✓) as appropriate:

Laser Standard Laser Radial Laser 4.7

See NoR 3.3 Age eligibility!

Sail Number including National Letters:

FULL Sail number including national letters in accordance with class rules

ISAF Number:

If you have not got an ISAF number or have forgotten it, please visit the ISAF website at: www.sailing.org/2056.php

Gender:

male female

Surname:

First Name:

Address:

Country:

Telephone:

Home

Work

Mobile

Fax

E-Mail:

Date Of Birth (DD.MM.YYYY):

Yacht Club:

Liability

I hereby acknowledge that the host club, the host National Authority, the International Laser Class Association, their officers, members and volunteers do not accept any liability for loss of life or property, personal injury or damage to property caused by or arising out of the above regatta, and that I take part in the regatta entirely at my own risk. The establishment of the Notice of Race and the Sailing Instructions in no way limits or reduces the complete and unlimited responsibilities of a competitor being solely and entirely responsible for the management of a boat he or she is sailing. I accept sole responsibility for my decision to participate in a race or to continue racing. I agree to be bound by the Racing Rules of the ISAF and the International Laser Class Rules as amended by the sailing instructions and the official race notices. I am of good health and a competent sailor capable of sailing a Laser in strong winds. I understand and accept that I am wholly and exclusively responsible for third party liability insurance on the boat that I am sailing and for my personal accident and health insurance.

Shirt Size (S, M, L, XL, XXL):

S M L XL XXL

Camping: Please reserve a place for:

tent caravan

Please tick (✓) as appropriate:

I enclose full entry fee I will pay full fee on arrival

Extra late check in advised (see NOR 19.1 - extra fee)

Date (DD.MM.YYYY) | Signed:

Countersignature of Parent | Legal Guardian if competitor is less than 18 years old:

Date (DD.MM.YYYY) | Signed:

Please print name clearly:
