



Heretaunga Boating Club Regatta 2018

Registration Form

Helmsperson				Crew	
Sail Number			Hull Color		
Opti <input type="checkbox"/>	Zephyr <input type="checkbox"/>	OK <input type="checkbox"/>	Sunburst <input type="checkbox"/>	Other (please specify)	
Opti Green <input type="checkbox"/> (1 st season of racing)	Laser <input type="checkbox"/>		420 <input type="checkbox"/>		
Starling <input type="checkbox"/> Starling Darling <input type="checkbox"/>	Laser Radial <input type="checkbox"/>	PT <input type="checkbox"/>	RS Feva <input type="checkbox"/>		
Name		Name			
Club		Club			
Senior <input type="checkbox"/>	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>	Junior <input type="checkbox"/>		
Address		Address			
Email		Email			
Emergency Contact		Emergency Contact			
Name		Name			
Phone		Phone			
<p>I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event. I understand that yacht racing has inherent risks and dangers that are beyond the control of the organizing authority. I understand that neither the organising authority and its officers, members and servants nor other persons assisting with the conduct of the regatta accept any responsibility in respect of any injury or loss to person or property that may be sustained by reason of participation in the regatta or howsoever arising in connection with the regatta. I agree to the use of my photograph and other relevant information in any event publicity and in the ongoing promotion of New Zealand yachting. I agree to the Heretaunga Boating Club and Yachting New Zealand holding the above information for the general administration and well-being of the sport, and for them to retain, use and disclose the information to affiliated organisations and any other persons or organisations that Yachting New Zealand believes will further the interests and objectives of Yachting New Zealand. I acknowledge my right to access to and correction of this information. The consent is given in accordance with the Privacy Act 1993.</p>					
Signed		Signed			
Date		Date			
Parent/Guardian Signature (if sailor under 18 years old)		Parent/Guardian Signature (if sailor under 18 years old)			
Date		Date			
Special Dietary Needs ?	Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/>	Other	Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/>	Other	
Payment					
Senior Helm \$25 <input type="checkbox"/>	Junior Helm \$15 <input type="checkbox"/>	Crew \$5 <input type="checkbox"/>	Total Paid		