



# WINTERSAIL 2010

## PARENTAL/GUARDIAN CONSENT FORM

Please print clearly

Sailors Name: \_\_\_\_\_

Class: \_\_\_\_\_

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

consent to my son/daughter attending the Wintersail 2010 as per the terms and conditions accepted in the online entry process. I hereby authorise the organisers to permit my son/daughter to be given necessary drugs or anaesthetic and to be operated upon, in the event of a medical emergency, if such treatment is considered necessary, by a duly qualified medical practitioner during the period 9<sup>th</sup> – 11<sup>th</sup> July 2010. This permission is given providing **every effort** is made to contact me personally before any decision is made to administer drugs, anaesthetise or operate.

**The information contained on this form is, to the best of my knowledge, true and correct.**

Signed: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
[Parent/Legal Guardian of sailor listed above and residing at the address shown there on]

**PLEASE RETURN COMPLETED FORMS TO**

**WINTERSAIL, Albert Park Yacht Club. PO Box 3 Albert Park VIC 3206  
Ph: 0411 741 417 (Chris)**