



**Coupe Nationale Laser**  
**31/10/2018 au 03/11/2018**  
**ENTRY FORM**  
**(PLEASE PRINT CLEARLY IN BLACK INK)**

**Standard Rig**

**Radial Rig**  
 Male  Female

**4.7 Rig**  
 Male  Female

**ISAF Number (Obligatory):**

If you have not got an ISAF number or have forgotten it, please visit the World Sailing web site.

**Sail Number:**

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National letters

Numbers

This number is the hull number, it begin by 1 or 2 and the two first number are in red.  
 No sail number will be authorized under five numbers.

FAMILY NAME ..... FIRST NAME .....

ADDRESS: .....

COUNTRY:..... CLUB:.....

PHONE: HOME..... MOBILE:..... E-MAIL:.....

DATE OF BIRTH:.....(DD/MM/YY)

**For French Sailors:**

N° de Licence FFV:..... N° de Club:..... Nom:..... N° de Ligue :.....

Carte de publicité: OUI  NON

**LIABILITY**

I hereby acknowledge that the host club, the host National Authority, the French 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 Coupe Nationale Laser 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 World Sailing 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.

**ENTRY FEES:** 80 € before the 26/10/2018, 100 € from 26/10/2018. Payment by credit card on [www.coych.org](http://www.coych.org) before 26/10/2018

**SIGNED**.....**DATE**.....

**AUTORISATION PARENTALE POUR LES MINEURS / PARENTAL AUTHORIZATION FOR UNDERAGE SAILORS:**

Je soussigné....., autorise mon fils, ma fille.....

à participer à la compétition organisée par le COYCH du 31 octobre au 3 novembre 2018

I undersigned....., allow my son, .....

to participate into the competition organised by the COYCH from April 9th to April 12th 2016

Fait à/ write in.....le/on.....

Signature :

**PLEASE SEND ENTRY FORM TO COYCH, Espace Nautique, 14 avenue du Docteur Robin  
 83400 Hyères France @:contact@coych.org**