

# LYMINGTON TOWN SAILING CLUB EMERGENCY CONTACT FORM – 2022

This Form must be completed, **by ALL participants** in any activity organised by LTSC during 2022 (**Helm, Crew, Support Team, RIB Crew, Keelboaters**), and returned to the Sailing Secretary prior to participating. **If you are under 18 yrs old** you must also provide a signed Parental/Guardian Disclaimer Form 2022.  
**This form will be held by the office so that it is accessible in the event of an emergency**

**Surname Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Tel No** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency Contact Tel. No** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

**LTSC: Membership #** \_\_\_\_\_ **Age if Under 18yrs:** \_\_\_\_\_

**Please Complete details below if you are not a member of LTSC**

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Name of Sailing/Yacht Club** \_\_\_\_\_

**If you sail with a member of LTSC please state member's name** \_\_\_\_\_

**LTSC members: Please CIRCLE the areas that you are interested in receiving communication about.**

**Dinghy Racing   Dinghy Cruising   Keelboat Racing   Keelboat Cruising   Motorboating**

## DECLARATION

I will observe the rules of LTSC and will check that any boat that I skipper is seaworthy and has adequate third party insurance (a minimum of £2 million) and I will ensure that I am aware of the likely weather conditions and wear appropriate clothing before going sailing.

When participating in racing activities, I agree to be bound by the current ISAF Rules, by the prescriptions of the RYA, the LTSC Sailing Instructions and the RYA Racing Charter.

I accept that Lymington Town Sailing Club, its members and those assisting in race organisation and other sailing activities will not accept any liability for material damage or personal injury or death sustained in conjunction with or prior to, during, or after any activity.

I will participate in any event at my own risk and accept that it is my responsibility to decide whether to participate.

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

For Office use: All contact information received \_\_\_\_\_