Notice of Race

**2005 ALOHA UNDER 15 WORLD CHAMPIONSHIP**
2005 MISTRAL YOUTH & JUNIOR WORLD CHAMPIONSHIPS
**2005 RACEBOARD MASTERS WORLD CHAMPIONSHIP**

Sopot, Poland – August  6th - 14th 2005
*An International Windsurfing Association sanctioned event*

**Form 3    MEDICAL TREATMENT PERMISSION**

I, (print name)

being the parent or legal guardian of
(print competitor's name)

hereby give my permission to my child's coach or team leader (appointed person) to sign for any medical or surgical treatment necessary for my child during the event as defined in the Notice of Race and Sailing Instructions for the 2005 ALOHA UNDER 15 WORLD CHAMPIONSHIP / 2005 MISTRAL YOUTH & JUNIOR WORLD CHAMPIONSHIPS

| APPOINTED PERSON: | | |
|---|---|---|
| **Last Name** | **First Name(s)** | **Sail #** |
| **Address:** Street | City | |
| Post/Zip Code | Country | |
| **Phone #** | **Fax #** | |
| **E-Mail** | | |
| **IMPORTANT MEDICAL HISTORY:** | | |
| **LAST TETANUS IMMUNIZATION DATE** | | |
| **Current Medicines:** My child takes the following medicines | | |
| **Allergies:** My child has the following allergies | | |
| **International Medical Insurance:** My Child is covered by the following insurance company | | |
| Under Policy No: to the value of | | |
| which allows ☐  does not allow ☐ (please tick the relevant box) repatriation by special air taxi. | | |
| **PERSON to contact in case of emergency** if different from above | | |
| **Last Name** | **First Name(s)** | |
| **Address:** Street | City | |
| Post/Zip Code | Country | |
| **Phone #** | **Fax #** | |
| **E-Mail** | | |

Please return this form to the event organiser/registration as detailed on the Notice of Race:
klub@skz.sopot.pl
**Sopocki Klub Zeglarski,** ul. Bitwy Pod Plowcami 67, 81-731 Sopot, Poland
**Tel:** +48 58 555 7200 (office)   +48 58 555 7202 (Piotr Hlavaty)
**Fax:** +48 58 555 7201