



Lough Derg Yacht Club Annual Regatta 2020



| Class | Sail No | Helm | Fee | Total |
|--|---------|---------------------|--------------|-------|
| S.O.D | | | €175 | |
| Squib | | | €135 | |
| Cruiser | | | €20 per race | |
| Crew Names (Nominees for Red Wrist Band) 4 For SOD / 3 For Squib | | | | |
| Name | | Phone Number | | |
| | | | | |
| | | | | |
| | | | | |

N.B. Wristbands will be issued on presentation of completed form.

| | No. | Fee | Total |
|--|-----|------|-------|
| Entertainments | | | |
| Miscellaneous | | | |
| Boat Mooring (if available) | | €100 | |
| Caravan/Large Tent (note declaration attached) | | €90 | |
| Small Tent (note declaration attached) | | €60 | |
| Caravan Park Deposit (separate cheque please) | | €50 | |
| S.O.D.A sub | | €30 | |
| TOTAL | | | |

Entrant's Club _____

Entrant's Tel No. _____

E-mail address _____

Address _____

I agree to be bound by the RRS 2016 -2020, by the prescriptions of the ISA and the rules of the relevant class I am competing in, by the Sailing Instructions and the Bye - Laws of the Lough Derg Yacht Club, the Entry Requirements and any amendments thereto. I certify that I am insured for third party risks of €1,500,000 and that I am a paid up member of the Shannon One Design Class. I accept full responsibility for the management and safety of the boat noted above and I also accept that neither the Organising Authority, The Race Committee, nor any of their members, employees or representatives bears any responsibility for any loss damage or injury to persons, property or boats that may occur in connection with this event. I confirm that my vessel complies with the safety requirements of the relevant class that I am competing in.

Covid Disclaimer:By registering for and participating in the event, you and your crew acknowledge that you the club is using its best efforts to limit the risk of Covid 19 exposure during the event. You also acknowledge that the club cannot eliminate the risk and if you contract Covid 19 you will not hold the Club, it's officers, Management, staff of volunteers in any way liable.

Covid Questionnaire: (please have all crew and red wrist band nominees sign form)

1. Have you had any of the known Covid Symptoms in the past 14 days. (High Temperature, New Continuous Cough, Unexplained shortness of breath, Lost or altered sense of smell or taste) **Yes / No.**

2. Have you been out of the country in the last 14 days. If so have you self isolated since. **Yes / No.**

SIGNED (if competitor under 18 years, please have this signed by a parent or guardian)

Skipper:

Crew 1: _____

Crew 2: _____

Nominee 1: _____

Nominee 2: _____

N.B. Skipper only to hand in completed application form.