

## OTB Live In Weekend – 11 and 12 February 2017

## PARENTS TO SIGN FOR ALL PARTICIPANTS UNDER THE AGE OF 18

I, of (address) _	
Being the Parent, Legal Guardian or Custodian of (p	articipant's name)
consent to him	/ her participating in the OTB Live- In Weekend
at Sandringham Yacht Club on 11 and 12 February 2	2017.
Please tick the appropriate box below and include d	letails as required.
I will be staying at the SYC OTB for the duration	n of the Live In Weekend.
	ΓB for the duration of the Live In Weekend and wil
take responsibility for my child during any period for	which I am not present.
Name:Mobile Ph	none Number
I understand that this will possibly include on-water a	, ·
I accept that I shall be solely responsible for my deci	
I hereby declare that my child is in good health and o	does not suffer any condition THAT would make i
unsafe for him/her to participate.	
Signed(Parent, Legal Guardian or Custodian)	Date
Mobile Phone Number	
Emergency Contact Name:	
Emergency Contact Number:	
Please specify any allergies or medical conditions th	at the Organisers should be aware of.