NATIONAL TWELVE OWNERS' ASSOCIATION

VOLUNTARY MEDICAL DECLARATIONS AND EMERGENCY CONTACT DETAILS

National Twelve Championships 2019

EVENT.

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LOCATION: Pevensey Bay Sailing Club
EVENT DATE: 24 th – 27 th August 2019
VOLUNTARY MEDICAL INFORMATION, for your safety, in the event of an accident. This information will be retained for the duration of this event only.
HELM Any Medical conditions:
Emergency Contact Name:
Telephone:
Address:
*I agree that the above information may be shared with the host club and the emergency services in the event of an emergency during this event solely to assist ir any medical treatment. Please circle your choice YES / NO
<u>CREW</u> Any Medical conditions:
Emergency Contact Name:
Telephone:
Address:

 $^{{}^{*}\}mathrm{I}$ agree that the above information may be shared with the host club and the emergency services in the event of an emergency during this event solely to assist in any medical treatment. Please circle your choice YES / NO