

# ***NATIONAL TWELVE OWNERS' ASSOCIATION***

## **VOLUNTARY MEDICAL DECLARATIONS AND EMERGENCY CONTACT DETAILS**

**EVENT: National Twelve Championships 2026**

**LOCATION: Shoreham Sailing Club (SSC)**

**EVENT DATE: 29<sup>th</sup> August – 1<sup>st</sup> September 2026**

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**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 in any medical treatment. Please circle your choice YES - NO

**CREW**

Any Medical conditions: .....

Emergency Contact Name: .....

Telephone: .....

Address: .....

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\*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

Send the completed document to NTOA Hon.Secretary at:

Email to: [ntoa@national12.org](mailto:ntoa@national12.org)

Post to: NTOA, 52d Shaw Lane, Holbrook, Belper, Derbys DE56 0TG.

Or: Present at the Event Race Office before the event commences