

SOLWAY YACHT CLUB FINN, LASER AND NATIONAL 12 OPEN MEETINGS



14Th/15th SEPTEMBER 2019



Lakeland and Border Laser Grand Prix - Saturday 14th

National 12 Open - Saturday 14th and Sunday 15th

Finn Open - Saturday 14th and Sunday 15th

Tel: 01556 620312 www.thesyc.com

WELCOME

Solway Yacht Club invites you to join us for a weekend of wonderful sailing in a great environment and in a setting of outstanding natural beauty. The weekend consists on Saturday of the Lakeland and Border Grand Prix for the Lasers combined with Open Meetings for the Finns and National 12s. The Finns and National 12s complete their Open Meetings on Sunday.

Both days will also incorporate a local club fleet sailing alongside the visitors, though they will be using the Club Starting Line and be on different courses to the Open Meeting which will have Committee Boat starts. The latter will be a rolling start sequence to be described at the Briefing.

The sailing area (see chart below) is a wonderful scenic estuary that debouches into the Solway Firth. Racing for dinghies takes place in the more sheltered area stretching from where the river begins to open out to the fringes of the Solway Firth. The estuary gives competitors the exciting experience of sea sailing but in an area sheltered from the strongest winds. Tides and currents add to the mix. The large and comfortable clubhouse is in an elevated position with views over to Glen Isle. The Club site has a large boat park and offers excellent launching from pontoons and a large slipway. Because of the tides, timings are crucial and racing is run to a tight schedule.

ACCOMMODATION & PARKING

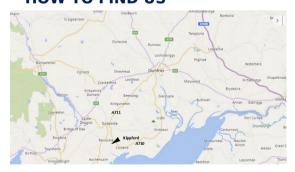
There are many hotels and boarding houses within easy walking or motoring distance as well as caravan, camping and holiday chalets nearby, but early reservations are advised.

There is limited car parking space at the club site and the public car park. However, please respect local businesses' interests. For the safety of competitors and spectators, vehicles may not be driven onto the pier area and boat park other than to drop off or collect boats.

CATERING & BAR

Bacon butties will be available to the competitors from the Galley prior to racing on the Saturday morning and tea and cakes after sailing prior to the prize-givings on Saturday and Sunday afternoons. A 3 course Mediterranean themed meal will be served on the Saturday evening, 1900 for 1930, with tickets at a discounted price for those paying with their entry fee prior to sailing on the Saturday morning. The Club is fully licensed and competitors and visiting members will be elected Temporary Members for the duration of their stay.

HOW TO FIND US



Kippford lies to the south of Dalbeattie along the A710. From the west, follow the A745 and then the A711 from Castle Douglas to the boundary of Dalbeattie. From the north, follow the A711 from Dumfries until the far end of Dalbeattie.

For both, now take the A710,

which is signposted "Solway Coast". Follow this road for around 3 miles and then turn right at a sign for Kippford (also mentions sailing and golf). The clubhouse is just before the foot of the hill on the left and the boat park is on the right just round a sharp left corner.



CONDITIONS

- 1. The meeting will be open to all Lasers as per the Lakeland and Border Grand Prix protocols. For Finns and National 12s, all boats meeting their class association rules are eligible to enter.
- 2. The racing will be governed by the Racing Rules of Sailing (RRS) 2017 2020, the event Sailing Instructions and the relevant class association rules.
- 3. The entrant will be deemed to be the helmsman named on the entry form.
- 4. Changes of boat must be notified in writing and will require the approval of the Principal Race Officer and Club Sailing Secretary prior to commencement of the series.
- 5. During the series the crew may be swapped if notified in writing and with approval of the Principal Race Officer prior to commencement of the race. Helms as indicated on the entry must always be part of the boat's crew.
- 6. Personal buoyancy must be worn by all competitors. Boat buoyancy may be subject to scrutiny. A suitable painter or tow rope of at least 5 metres must be carried on all boats to facilitate towing and rescue.
- 7. For the National 12s, the results will be calculated using the PY numbers allocated by the N12 Class Association for different boat categories.
- 8. A tally system will be used to ensure all competitors return safely after racing. All competitors are obliged to use the system and to cooperate fully with its requirements. Visitors and competitors are asked to respect the local amenities and residents during their stay at Kippford.
- 9. Children under 14 are not permitted in the clubhouse after 22:00.
- 10. Dogs should be kept on a leash at all times.
- 11. Car numbers should be kept to a minimum and should be parked in club or public car parks and are not allowed onto the boat park once the series has started other than to deliver and collect competing boats.
- 12. Where an entry is via Webcollect, the Medical and Consent form must be completed online. In addition, where the competitor (helm or crew) is under 18, a paper copy must be completed, signed by the parent or guardian and delivered to the Sailing Secretary before the entry deadline. Where the entry is on paper, the medical and consent form must be completed and attached to the entry whether the competitor is under 18 or not.
- 13. Any alterations to these conditions or other details of this entry form shall be at the sole discretion of the Commodore and Race Committee of Solway Yacht Club.

RACING PROGRAMME

| Day | Date | Warning 1 st Race | HW |
|----------|-----------------------|---------------------------------|-------|
| Saturday | 14 th Sept | 11.20 | 12.50 |
| Sunday | 15 th | 1150 | 1320 |

Warning times shown are the times of the warning signal at the Start Line. Sailors should be aware that it can take some time to reach the racing area. Please ensure boats are launced in sufficient time. In the event of light winds, tows may be available to help competitors reach the staring area, hence the need for carrying suitable tow ropes/painters.

Subsequent races in a day will start as soon as practicable after the end of the previous race.

PRIZES

At the discretion of SYC and dependent on numbers, prizes may be awarded to the leading boats in each fleet.

ENTRY DEADLINE AND FEES

Registration for those not already entered will take place between and 09.00 and 09.30 on Saturday 14th September, with the briefing in the Clubhouse at 0930. Printed SIs and Course Cards will be made available.

Lasers - 1 Day: £15 plus £1 Class Association levy

Finns and National 12s - 2 Days: £30

Online entries are preferred at https://webcollect.org.uk/syc. However, paper entries are also accepted. If the latter, please post to: Sailing Secretary, Solway Yacht Club, The Clubhouse, Kippford, Dalbeattie, DG5 4LL.

Please make cheques payable to Solway Yacht Club.

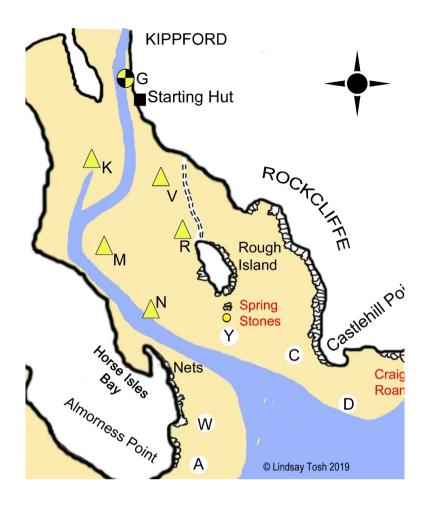
Telephone or e-mail queries to John Broadbent, Sailing Secretary, on 01556 630424 / johnkenbroad@hotmail.com

SAILING AREA



The
d Wilson the

sailing area from above the Starting Hut with Rough and Hestan Islands (and Wilson the dog)



SOLWAY YACHT CLUB

Finn, Laser and National 12 Open 2019

ENTRY FORM

All club events are available to enter online and we prefer that. However, paper entries are always welcome. See https://webcollect.org.uk/syc and click on Race Meetings to enter online.

Please use BLOCK CAPS for clarity

Helm's First Name ______ Helm's Surname ______ Date of

Birth___/___/ *

Crew's First Name ______ Crew's Surname ______ Date of Birth

* if under 18

Class ______ Sail No_____ Club

(please be precise e.g. Laser Radial,)

Laser Sailor Category (eg Grand Master, Youth, etc) ______ N12 Class issued PY Number

Boat Insurance Company and Policy No. ______ Home Address

Please list the name(s) of your party if additional people will wish to use the club's facilities, with ages if

Tel_____ Email _____

_____Postcode

| under 18. | | | | | |
|--|--|---|--------------------------------------|---------------------------|--------------|
| Name | Name | | | | |
| Name | Name | | | | |
| If necessary, would you be prepared t | to serve on a protest cor | mmittee? YES | NO | | |
| Have you been to Solway Yacht Club before? If not, how did you find out about the event: | | | NO | | |
| I agree that Solway Yacht Club accept no liability for dama arising. I accept full responsibility for myself, my crew and insurance for minimum amount of £3,000,000. I declare t RYA . I certify that the boat has a valid Class Certificate at I agree to be bound by the Racing Rules of Sailing and by | I my boat and possessions whether a that I am an amateur member of a Ya nd that the sails to be used have beer | afloat or ashore and I confirm that my b cht or Sailing Club recognised by the F | boat is covered b RYA or a person | by third par al member | ty of the |
| Signed | | Entry Fee | £ | · | _ |
| Date/2019 | | Laser, Incl. Class Levy £1 | £16 | | |
| Please make cheques payable to Solway Yacht Club Sailing Secretary, Solway Yacht Club, The Clubhouse | | Finn & N12 | £30 | | |
| Evening Meal | | | | | |
| Number of Saturday Night Mediterranean t | hemed Meal tickets required | d: | | | |
| £10/ticket if paid with Entry Fee, (£12/Tick | ket thereafter) Total enclo | osed : | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SOLWAY YACHT CLUB MEDICAL AND CONSENT FORM

Data Protection

Under the General Data Protection Regulations, Solway Yacht Club will collect and retain the data on this entry form as follows:

- The data will be collected in accordance with the club's Data Privacy Policy (copy on request)
- The bases of processing these data will be either Contract or Legitimate Interest as per the policy with the exception of photography and medical data, for which consent is sought below.
- The data will be collected and securely retained by the Sailing Secretary.
- The data will be used to facilitate the event that you are applying to enter.
- The data may be disseminated as required to any or all of: race officials, results coordinators, instructors and coaches, Cadet Officer, Piermaster/beachmaster, safety crews and those providing catering. Results may be publicised in the media, on the club website and in club publications such as the handbook.

Do you or your child under 18 have any allergies, ailments, illnesses or conditions that need to be taken into consideration if injured or taken ill while on

• The data will be retained only for as long as is required to facilitate the event except that name and contact details may be retained for one year approximately to publicise the following year's event. Qualifications obtained at a training event will be retained to enable further training.

Medical

Relationship to the above:

Emergency Contact Number:

| the water or in club premises. If none exist please leave blank. It is your resyour/your child's own personal safety during activities associated with sailir make alternative arrangements to safeguard yourself or your child under 18. | |
|---|---|
| | |
| If the entrant is under 18, are any of the conditions you have answ child? Please advise. | vered yes to above not known to the |
| Is there anything else we should be aware of? | |
| Declaration: I consider myself or my child under 18 physically fit to take part i | in this event/course. |
| Do you consent to these medical data being collected and retained as noted $\boldsymbol{\theta}$ | under Data Protection above? Please tick. YES NO |
| Signed: | Date://2018 |
| Photography | |
| From time to time, still and video photography may be taken for promotional a child under 18 can be identified, do you give consent to the images being use | , , |
| Signed: | Date:/2018 |
| Parental / Guardian Consent Form for Entrants under the Age of 18: | |
| I, the parent / guardian of give permi | ission for them to participate in the above event as noted above. |
| I have completed the medical form above for any relevant conditions. | |
| • | dition, if the case arises, I authorise the club to take the above named personed out in accordance with the hospital's diagnosis. I understand that I shall be |
| Parent / guardian's consent: | (signature) |
| Name: | (please print) |

(for use during the event)