



South of Perth Yacht Club
 Coffee Point
 Applecross WA 6153
 +61 8 9364 5844 sailing@sopyc.com.au

2009/10

Keelboat Sailing Nomination

Please check and provide current information where required. Please **COMPLETE THE FORM AND SIGN DECLARATION BELOW** or check complete the appropriate Boxes online

Boat Information

BOAT NO.	BOAT NAME	DIVISION	CLASS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner and Skipper Information EACH OWNER OR PART OWNER AND SKIPPER TO PROVIDE INFORMATION

MEMBER NO.	NAME OF BOAT OWNER / SKIPPER	TICK BOXES AS APPLICABLE	
<input type="text"/>	<input type="text"/>	Owner or Part Owner	YES <input type="checkbox"/> NO <input type="checkbox"/>
		Nominating as Skipper?.....	YES <input type="checkbox"/> NO <input type="checkbox"/>
MOBILE PHONE.	HOME PHONE	WORK PHONE	ADDRESS / SUBURB / POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL.	<input type="text"/>		
NAME OF EMERGENCY CONTACT		RELATIONSHIP	EMERGENCY CONTACT NO.
<input type="text"/>		<input type="text"/>	<input type="text"/>

MEMBER NO.	NAME OF BOAT OWNER / SKIPPER	TICK BOXES AS APPLICABLE	
<input type="text"/>	<input type="text"/>	Owner or Part Owner?	YES <input type="checkbox"/> NO <input type="checkbox"/>
		Nominating as Skipper?	YES <input type="checkbox"/> NO <input type="checkbox"/>
MOBILE PHONE.	HOME PHONE	WORK PHONE	ADDRESS / SUBURB / POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL.	<input type="text"/>		
NAME OF EMERGENCY CONTACT		RELATIONSHIP	EMERGENCY CONTACT NO.
<input type="text"/>		<input type="text"/>	<input type="text"/>

IF SPACE IS REQUIRED FOR ADDITIONAL OWNER/SKIPPER NOMINATIONS, USE AN EXTRA COPY OF THIS FORM AND ATTACH HERETO. ENSURE THE DECLARATION IS SIGNED.

Owner's Authority ONLY REQUIRED IF NOT SAILING ON THE BOAT

OWNER TO SIGN AUTHORITY

As owner of the vessel named above, I hereby authorise the persons herein nominated as Skipper to be the person in charge of the boat in my absence

PRINT NAME

DATE

Skipper's Declaration TO BE COMPLETED BY EACH NOMINATED SKIPPER

As Skipper and Person in Charge of the Vessel I declare;

- I have received the information listed herein provided by the South of Perth Yacht Club (Inc), in connection with my nomination to race,
 - Notice of Race and Sailing Instructions, and
 - Emergency Contact information and On-Water Safety information included in the Red Book.
- I have obtained a copy and read the ISAF Racing Rules of Sailing with particular reference to the YA Special Prescriptions,
- I consider I am competent by my knowledge and experience to Skipper the boat I understand my obligations to my crew and other competitors,
- The boat has valid insurance, including but not limited to 3rd party insurance of at least \$10,000,000, and that the policy will be kept current,
- I am conversant with Man Overboard recovery procedures as detailed in the YA Special Prescriptions,
- The boat complies and will be maintained in compliance with Category 7 requirements of the YA Special Prescriptions, and
- My attention has been drawn to ISAF Racing Rules of Sailing, rule 4, which states;

"Decision to Race - The responsibility for a boat's decision to participate in a race or to continue racing is hers alone."

SKIPPER TO SIGN

OTHER SKIPPER TO SIGN IF APPLICABLE

OWGROUP USE ONLY

PRINT NAME

DATE

PRINT NAME

DATE