

**CER MATCH RACE CUP 2020**

August, 21-23rd 2020

# REGISTRATION FORM

Skipper’s Last Name : First Name :

Birth Date : Club Affiliation :

ISAF Sailor ID :

Address : City : Country :

Mobile Phone : E-Mail Address :

**Crew**

1.

5.

**Entry Disclaimer:** I assume all charges and all responsibility for any damages that were to derive to persons and/or things of thirds party, while aground or afloat, as consequence of my participation to this events and I relieve the organizing CER, the Race Committee, the Jury and any other Authority involved from any responsibility.

Moreover I declare, under my responsibility, the compliance of my crew to our MNA membership and medical certificate requirements.

**Privacy Statement**: I agree that Centre d’Entrainement à la Régate, may process my data to fulfill institutional requirements.

Date : Skipper signature :