Responsible Adult Declaration

WASZP Event Registration Supplement

*For any WASZP **event in a jurisdiction requiring an on-site responsible adult** for competitors under 18, complete this form during on-site registration. The attending responsible adult signs this supplement. Parent or guardian participation authorisation must have be recorded (online form). Signature here does not replace missing parental authorisation.*

Competitor and online record

Competitor name _____

Country and sail number _____

Attending responsible adult

Full name _____

☐ I am an adult nominated in the online form (move to “Responsibilities at the venue”).

☐ The nominated adult has changed. I have proof of permission to be the responsible adult from the competitor’s Parent or Guardian

Relationship to the competitor _____

Mobile including country code _____

Responsibilities at the venue

I confirm that I am aged 18 or over and accept responsibility for overseeing this competitor’s welfare and arrangements ashore, including arrival, departure and accommodation. I will remain contactable during event activities and available at the venue when reasonably required.

I have read the event rules and site safety information. I will ensure that the competitor understands check-in and check-out procedures, restricted areas and emergency arrangements, and will notify the event office if our contact or supervision arrangements change.

I understand that nomination as responsible adult does not confer legal guardianship or authority to give additional parental or medical consent. Medical professionals determine treatment and consent requirements under applicable law.

Final checks and site arrangements

☐ I have checked the Parent / Guardian and emergency contact details and they remain correct, or the following contact corrections should be noted _____

_____

☐ Relevant new health or support information has been communicated confidentially to the designated welfare or medical contact; please do not write medical details here.

☐ I have received the site safety briefing, emergency contact details and the location of first aid and the event welfare contact.

Competitor name _____

Photography and privacy acknowledgement

I understand that fleet sailing and other event activities may be photographed or filmed en masse and competitors may be identifiable. Complete exclusion from capture cannot be guaranteed. I have access to the WASZP Class photography and privacy notice (here), including publication channels and retention periods.

This acknowledgement does not authorise unrestricted publication, waive privacy or image rights, or replace any separately required parental consent. I will raise privacy or safeguarding concerns with the event welfare/privacy contact.

Signature at registration

I confirm that the information above is accurate and accept the responsibilities and site arrangements recorded on this form.

Responsible adult signature _____

Date and time _____

For office use

Registration desk record

	Yes	No	Not applicable
Online parental authorisation matched and verified	☐	☐	☐
Changes to permissions resolved	☐	☐	☐

Staff name: _____

Staff initials: _____

Date/time: _____

Status: ☐ Pending resolution

☐ Registration complete