



APPENDIX III(a)

COVID-19 CONTACT TRACING FORM

This form has to be duly filled in by competitors, coaches, team leaders, support person and any person forming part of the regatta organization.

Competitor or Support Person	
Name:	
Surname:	
Contact Phone No.:	
Sailing Club Member of:	
Sail Number:	
Accommodation during Regatta (in case of Maltese resident, list your home address)	
Father, Mother or Guardian Passport No. Or Identity Card No.	
Name:	
Surname:	
Contact Phone No.	

The undersigned declares:

- I. That he/she fully understood the Mandatory Covid-19 Mitigation Standards for Sports Activities and shall abide to these standards at all times during the regatta.
- II. To stay home or current accommodation in case of feeling ill or other symptoms related to COVID-19.
- III. To contact the regatta race office as soon as COVID-19 symptoms start to appear, immediately leaves the regatta venue and returns home or to current accommodation.
- IV. That he/she did not have direct contact with persons that have been diagnosed COVID- 19 positive in the last fourteen (14) days prior to the regatta.
- V. That the phone number he/she had given is valid and can be easily reached if required.
- VI. To accept the fact that the regatta venue cannot guarantee to be fully COVID-19 secure and thus taking full responsibility on the possible consequences of taking part in this regatta.

Signed in (Place): Date:/...../.....

Signature:

N.B. Parent/Coach/Guardian's signature is required for competitors under eighteen (18) years of age.



APPENDIX III(b)

PARENT/GUARDIAN CONSENT AND DECLARATION FORM

I the undersigned
(Parent/Guardian Full name)

Home Address:
.....

Phone No.:

Email:

Hereby declare to be responsible for

Name (Sailor):

Date of Birth:

Class: Sail No.:

Sailing Club Member or Country:

Within the context of his/her participation in the MLCA REGATTA 2021 to be held in limits of Marsaxlokk Port, Malta from the 13th till the 14th November 2021 organised by BIRZEBBEGA SAILING CLUB, MALTA

I authorise the organisers of the regatta to make any medical or hospital arrangements for him/her in case of emergency, including his/her transport to hospital.

IMAGES

I consent that my child be photographed, filmed for a video or TV or interviewed by the press. I shall allow the Organization Committee to broadcast, via its website and various social media platforms, all the information useful for the promotion of the regatta, including the name, and to broadcast all the pictures taken during the competition and anything linked to it.

Signed in (Place): Date:/...../.....

Signature: