BPA NATIONAL OPEN PARACHUTE CHAMPIONSHIPS 2012

Please send this form via email or post to the hosting dropzone.



ENTRY FORM - PLEASE COMPLETE IN BLOCK CAPITALS

I (Team Leader Name)								
Address								
Tel No.		En	nail.					
BPA No.		_	I Sporting Lice	nce No	*			
* FAI sporting licence number should be co intermediate, Artistics B slots, CF intermedia						or AA,	8-way	
Wish to take part in the following Event	s (Please T	ick 🗆	boxes as approp	priate):				
Event								
Formation Skydiving – 4-way	AAA	П	AA	П	A	П	Rookie	
Formation Skydiving – 8-way	Senior	$\overline{\Box}$	Intermediate	$\overline{\Box}$		_		
Formation Skydiving – 8-way Speed		$\overline{\Box}$		_				
Vertical Formation Skydiving								
Artistic – Freeflying	A		В					
Artistic – Freestyle	A		В					
Speed Skydiving								
Canopy Formation – 4-way Rotations/Speed	Senior		Intermediate					
Canopy Formation – 2-way Sequential	Senior		Intermediate					
Canopy Formation – 4-way Sequential	Senior							
Canopy Formation – 8 way Speed Formations	Senior							
Canopy Formation – 2 way Rotations	Rookie							
Canopy Piloting	Speed		Distance		Zone Accuracy			
Accuracy Landings Individual	Senior	П	Intermediate	П	Accuracy			
Accuracy Team	Senior	$\overline{\Box}$	Intermediate	\Box				
Accuracy Landings	Junior			_				
National Club Accuracy Cup Competition	Senior		Intermediate		Junior			

Notice for Competitors with Therapeutic Use Exemption (TUE)

Any competitor with a TUE must attach a copy to the competition entry form, and must also file a copy with the BPA Office before he or she competes. TUE forms may be downloaded from the anti-doping section of the FAI website - http://www.fai.org/component/phocadownload/category/511-anti-doping?download=5381:fai-therapeutic-use-exemption-tue-form

Drug Testing

Please carefully read all the BPA's documentation on Anti-Doping, TUEs, Asthma and Medication on their website - http://www.bpa.org.uk/competition/drug-free-sport.

Please telephone the BPA if you do not have access to the internet.

Team Member Details

Team Title					(If applicable)
			BPA No.	BPA Licence/FAI	FAI Sporting Licence No. *
Team				NO.	Licence No.
Members	1.	(Team Leader)			
	2.			· 	
	3.		_		
	4.				
	5.				
	6.				
	7.				
	8.				
Alternate					
Alternate **					
				·	
Videograp	her				
** A 2nd altern Payment Payment can be	nate ap	B slots, CF intermediate & rookie, Accuracy intermediate, plicable for 8-way Intermediate, 4-way Rookie, A & AA de in advance by cash/postal orders/credit & debit forms & Fees' and 'Booking In' for total fee in the	a. Freestyle have no	ot send cash in the po	
1		ation Fee:			
Please make s	sure a	ll competitors have read the event rules docum	entation in full b	efore submitting.	
and Rules, wh the FAI. In en	the teation the tering	Sign am members will abide by the Competition Rules akes team members, subject to drugs testing at thi this competition, I agree to grant the BPA Ltd a ranges submitted to the competition for training ar	s competition, and oyalty-free non-ex	the Sporting Code of clusive licence to use	у
Signature of T	eam I	_eader:	Date:		
For office us	se onl	<u></u>			
Date received:	:	Total team cost:			
Team member	rs com	peting in more than one event:			

FORM OF INDEMNITY AND COMPETITIONS DECLARATION

Competitor's Statement of Indemnity to the British Parachute Association Ltd and their servants and agents:

I hereby undertake and agree that, in consideration of my being permitted to compete in the British National Open Parachute Championships, neither I nor my heirs, executors or administrators, will make any claim against the British Parachute Association Ltd, its servants or agents, in respect of, or damage to, property or injury to person (including injury resulting in death) which I may suffer whilst, or in consequence of, my competing in the British National Open Parachute Championships. I further understand that no compensation will be paid by the British Parachute Association Ltd against any claim which may be made by any Third Party against the British Parachute Association Ltd arising out of any act, neglect or fault on my part during, or in connection with, the said Championships.

*In the case of persons under 18 years of age, a Form of Indemnity signed by a parent or guardian is also necessary.

I agree in full to the Competitor's Statement I declare that I am under 18 years* / over 18		Competitions Declaration and agreement to Drugs Testing at the Competition
Name of Competitor	BPA No	I agree to compete in the British National
		Open Parachute Championships
Signature of Competitor		according to the rules laid down by the
Signature of compensor		 organisers, and any subsequent decisions by them, and will accept their decision on
		points of dispute as being final. I
Name of Witness		understand and agree that under the
		BPA's Anti-Doping Policy and Rules, I may
Signature of Witness	Date	be subject to drugs testing at this competition, and that refusal to take a
		drugs test if requested will disqualify me
Address (or, if applicable, BPA No) of witness		from the competition.
		Signature of
		— Competitor ————
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Tueciale that Fam under 10 years 7 over 10	years or age delete as applicable.	Competition
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		by them, and will accept their decision on
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BPA No) of witness		from the competition.
		Signature of
		— Competitor ————
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BPA No) of witness		<u> </u>
		Signature of
		— Competitor —————

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