

# **BPA NATIONAL OPEN PARACHUTE CHAMPIONSHIPS 2013**

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. \_\_\_\_\_ Email. \_\_\_\_\_

BPA No. \_\_\_\_\_ FAI Sporting Licence No. \* \_\_\_\_\_

\* FAI sporting licence number should be completed by all competitors except for those in 4-way Rookie, A or AA; 8-way Rookie, Intermediate; Artistics B slots; CF Rookie, Intermediate; Accuracy Intermediate & Junior.

Wish to take part in the following Events (Please Tick  boxes as appropriate):

### **Event**

Formation Skydiving – 4-way	AAA	<input type="checkbox"/>	AA	<input type="checkbox"/>	A	<input type="checkbox"/>	Rookie	<input type="checkbox"/>
Formation Skydiving – 8-way	Senior	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Rookie	<input type="checkbox"/>		
Formation Skydiving – 8-way Speed		<input type="checkbox"/>						
Vertical Formation Skydiving		<input type="checkbox"/>						
Artistic – Freeflying	A	<input type="checkbox"/>	B	<input type="checkbox"/>				
Artistic – Freestyle	A	<input type="checkbox"/>	B	<input type="checkbox"/>				
Speed Skydiving		<input type="checkbox"/>						
Canopy Formation – 4-way Rotations/Speed	Senior	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>				
Canopy Formation – 2-way Sequential	Senior	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>				
Canopy Formation – 4-way Sequential	Senior	<input type="checkbox"/>						
Canopy Formation – 8-way Speed Formations	Senior	<input type="checkbox"/>						
Canopy Formation – 2 way Rotations	Rookie	<input type="checkbox"/>						
Canopy Piloting	Speed	<input type="checkbox"/>	Distance	<input type="checkbox"/>	Zone Accuracy	<input type="checkbox"/>		
Accuracy Landings Individual	Senior	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>				
Accuracy Team	Senior	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>				
Accuracy Landings	Junior	<input type="checkbox"/>						
National Club Accuracy Cup Competition	Senior	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Junior	<input type="checkbox"/>		

### **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.	FAI No	FAI Sporting Licence No. *
Team Members	1.	_____ (Team Leader) _____	_____	_____
	2.	_____	_____	_____
	3.	_____	_____	_____
	4.	_____	_____	_____
	5.	_____	_____	_____
	6.	_____	_____	_____
	7.	_____	_____	_____
	8.	_____	_____	_____
Alternate	1.	_____	_____	_____
Alternate **	2.	_____	_____	_____
Videographer		_____	_____	_____

\* FAI sporting licence number should be completed by all competitors except for those in 4-way Rookie, A or AA; 8-way Rookie, Intermediate; Artistics B slots; CF Rookie, Intermediate; Accuracy Junior, Intermediate.

\*\* A 2nd alternate applicable for 8-way Rookie, Intermediate; 4-way Rookie, A & AA. Freestyle has no alternate.

---

### Payment

Payment can be made in advance and electronic payment instructions will be sent out on receipt of the completed entry form. Please do not send cash in the post. See section 'Entry Forms & Fees' and 'Booking In' for total fee in the separate National Championship Rules for each discipline.

Total Team Registration Fee: \_\_\_\_\_

**Please make sure all competitors have read the event rules documentation in full before submitting.**

### Team Leader To Sign

I confirm that the team members will abide by the Competition Rules, including the BPA's Anti-Doping Policy and Rules, which makes team members, subject to drugs testing at this competition, and the Sporting Code of the FAI. In entering this competition, I agree to grant the BPA Ltd a royalty-free non-exclusive licence to use any video or other images submitted to the competition for training and judging purposes.

Signature of Team Leader: \_\_\_\_\_ Date: \_\_\_\_\_

---

### For office use only:

Date received:

Total team cost:

Team members competing 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.*

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

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

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

*It is a condition of entry that ALL MEMBERS OF EACH TEAM MUST complete this form - including Videographer and alternate/s, as appropriate to the discipline. Please cross-refer to the Entry Form to ensure this has been done.*

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

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

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

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

*It is a condition of entry that ALL MEMBERS OF EACH TEAM MUST complete this form - including Videographer and alternate/s, as appropriate to the discipline. Please cross-refer to the Entry Form to ensure this has been done.*

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

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

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

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

*It is a condition of entry that ALL MEMBERS OF EACH TEAM MUST complete this form - including Videographer and alternate/s, as appropriate to the discipline. Please cross-refer to the Entry Form to ensure this has been done. END*