

2008 USA JUNIOR OLYMPIC SAILING FESTIVAL – MASS BAY JUNIOR CHAMPIONSHIPS

August 11-13, 2008

Sandy Bay Yacht Club, Rockport, Massachusetts

Entry Form

(Must be postmarked on or before July 30, 2008 to avoid \$20/competitor late fee)

Crew is responsible for filling out separate waiver and medical consent forms.

Skipper's Name: _____ Mass Bay Membership: Yes No
Home Address: _____ City: _____ State: _____ Zip: _____
Birth Date: ____/____/____ Sailing Affiliation (Home Club): _____
Parent/Legal Guardian name(s): _____
Parents'/Guardians' telephone: Day (____) ____-____ Evening (____) ____-____
US SAILING Membership #: _____

Class: (choose one)

- Laser Full Rig Optimist Red: (13-15 yrs. old)
 Laser Radial Rig Optimist Blue: (11-12 yrs. old)
 Club 420 Optimist White: (8-10 yrs. old)
 420 Green (limited regatta experience) Optimist Green (little or no regatta experience)

SAIL #: _____

Crew's Name: _____ Mass Bay Membership: Yes No
Home Address: _____ City: _____ State: _____ Zip: _____
Birth Date: ____/____/____ Sailing Affiliation (Home Club): _____
Parent/Legal Guardian name(s): _____
Parents'/Guardians' telephone: Day (____) ____-____ Evening (____) ____-____
US SAILING Membership #: _____

I (we) request housing for _____ nights (limited housing may be available to competitors traveling more than one hour one-way. All housing requests MUST be received by July 30, 2008)

Fees: (includes 2 lunches, 2 dinners, cookout, T-shirt, prizes)

Skipper - \$95 \$ _____
Crew - \$95 \$ _____
Skipper Late Fee* (postmarked after July 30, 2008) – add \$20 \$ _____
Crew Late Fee* (postmarked after July 30, 2008) – add \$20 \$ _____
Total: \$ _____

Make checks payable to: Sandy Bay Sailing Program, PO Box 37, Rockport, MA

* - Late Entries will be accepted ONLY if Fleet Size Limits have not been met (see NOR 4.1)

No fax entries will be accepted. Registration will not be considered complete until all forms and payments have been received.

The undersigned acknowledges that the competition in which he/she has entered is dangerous and assumes all risk of accident, loss of property or loss of life. The undersigned acknowledges that the decision to start and/or continue racing is the responsibility of the undersigned. In consideration of the acceptance of this entry, the undersigned hereby releases and forever discharges the Sandy Bay Sailing Program, its members, employees and volunteers, the Club 420, Optimist and Laser Classes, and the Mass Bay Sailing Association from liability for any and all loss, damage, or injury to person or property resulting from his/her participation in the 2008 USA Junior Olympic Regatta – Mass Bay Junior Championships. I agree to be bound by the Racing Rules of Sailing and by all other rules that govern this event.

Skipper's Signature: _____ Parent's Signature: _____ Date: _____
Crew's Signature: _____ Parent's Signature: _____ Date: _____

MEDICAL CONSENT FORM

Only COMPLETELY FILLED IN forms will be accepted. Doublehanded skippers and crews must EACH complete and sign separate copies of this form.

NAME OF PARTICIPANT: _____

NAME OF PARENT OR GUARDIAN (printed): _____

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named below as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of Granite Pier or while participating in any activity sponsored by or under the auspices of the Sandy Bay Sailing Program under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize any officer or member of the Sandy Bay Sailing Program to consent to such medical care, attention or treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to waive all liability for such cost the Sandy Bay Sailing Program, Mass Bay Sailing Association, and the United States Sailing Association and its officers and members thereof.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

IN CASE OF EMERGENCY CALL:

NAME	RELATIONSHIP	PHONE NUMBER

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

PLEASE FILL OUT SECOND PAGE

MEDICAL AND EMERGENCY INFORMATION

NAME: _____ SEX ____ (M) ____ (F)

ADDRESS: _____

Street/P.O. Box

City

State

Zip

TELEPHONE _____ (R) _____ (B) DATE OF BIRTH: _____

THE PARTICIPANT AND HIS OR HER PARENTS MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:		ALLERGIES:	
ASTHMA, OR OTHER RESPIRATORY PROBLEMS		MEDICATION	
DIABETES OR HYPOGLYCEMIA		BEE STINGS/INSECT BITES	
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS		FOODS	
CIRCULATORY OR HEART PROBLEMS		OTHERS, IF SIGNIFICANT	
EPILEPSY			

DATE OF LAST TETANUS SHOT: _____ BLOOD TYPE: _____

CURRENT MEDICATIONS IF ANY: _____

DETAILS: _____

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION

THIS AGREEMENT CONTAINS A RELEASE AND WAIVER – READ FIRST

RELEASE, WAIVER AND RETENTION OF RIGHTS AGREEMENT

IN CONSIDERATION OF acceptance of my entry and of the substantial volunteer efforts of the directors, members, employees, representatives and associated volunteers for Sandy Bay Yacht Club, Inc. and Sandy Bay Yacht Club Sailing Program and Scholarship Fund, Inc. (Host hereafter), THE UNDERSIGNED HEREBY

1. WAIVES AND RELEASES ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR THE LIKE, INCLUDING THOSE OF NEGLIGENCE OR EQUIVALENT CONDUCT WHICH I MAY HAVE AGAINST THE HOST, ITS DIRECTORS, MEMBERS, EMPLOYEES, REPRESENTATIVES, ASSOCIATED VOLUNTEERS AND (if applicable) the UNITED STATES SAILING ASSOCIATION ("US SAILING") RESULTING FROM MY PARTICIPATING IN THE MASS BAY SAILING JUNIOR OLYMPIC FESTIVAL ("event" hereafter) AND ALL ACTIONS RELATED THERETO.
2. acknowledges my responsibilities in participating in this event, for my decisions to participate in this event, to start or continue to race in the event and to make certain that my boat, equipment and crew are seaworthy for the conditions which may be encountered during my participation. I am aware of the inherent dangers of this sport, and choose to voluntarily participate.
3. retains any and all rights against other competitors for any wrongful acts by them; and retains all rights against the Host, its directors, members, employees, representatives and associated volunteers for the event which are not related in any way to my participation in, the preparations for, the racing, return, protests and removal of my boat from the site of the event.
4. specially waives any statute, by incorporating its reference and citation herein, which may require such inclusion and reference in order to effect these provisions. If any provision of the agreement is not enforceable, such determination shall not affect the enforceability of the remaining provisions of this agreement. This agreement shall be construed under the laws and enforced in the courts of the Commonwealth of Massachusetts.

BOAT OWNER: _____ and the CAPTAIN (if different): _____

CREW: _____

Dated: _____ Parent or Legal Guardian: _____

THIS AGREEMENT CONTAINS A RELEASE AND WAIVER – READ FIRST
