

**2001 USODA New England Championship
Entry Form**
(Must be postmarked on or before July 9, 2001)

Skipper's Name: _____

Street/Box: _____ City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ Sailing Affiliation (Home Club): _____

Parent/Legal Guardian name(s): _____

Designated Adult: _____

Parents'/Guardians' telephone: Day _____ Evening _____

US SAILING Membership #: _____ USODA Membership #: _____

Class: (choose one)

- Optimist Red: (13-15 yrs. old)
- Optimist Blue: (11-12 yrs. old)
- Optimist White: (8-10 yrs. old)
- Optimist Green (little or no regatta experience)

SAIL #: _____

I (we) request housing for _____ nights (housing available on July 16, 17, 18 to competitors travelling more than one hour one-way.) All housing requests *MUST* be received by July 1, 2001.

Fees: (includes 3 lunches, 2 dinners, dance, T-shirt, prizes)

Lunch Choice (Sandwich): Ham & Cheese Roast Beef Turkey Veggie

Skipper - \$125 (\$120 with proof of US Sailing Membership) Postmarked by July 9, 2001 \$ _____

Late Fee - \$195 (\$190 with proof of US Sailing Membership) Postmarked after July 9, 2001 \$ _____

Make checks payable to: **Opti New England Championship**

Send forms and payment to: SBYC, PO Box 37, Rockport, MA 01966.

Medical Consent Form and Waiver must also be completed and returned to complete registration.

No fax entries will be accepted.

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 sole and exclusive 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, and the USODA from liability for any and all loss, damage, or injury to person or property resulting from his/her participation in the 2001 USODA New England Championship. The undersigned agrees 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: _____

MEDICAL CONSENT FORM

2001 New England Championship

July 16-19, 2001

Only COMPLETELY FILLED IN forms will be accepted.

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 indemnify and hold free and harmless of and from any and all liability for such cost the Sandy Bay Sailing Program, Sandy Bay Yacht Club, and the USODA, 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

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	<input type="checkbox"/>	MEDICATION	<input type="checkbox"/>
DIABETES OR HYPOGLYCEMIA	<input type="checkbox"/>	BEE STINGS/INSECT BITES	<input type="checkbox"/>
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	<input type="checkbox"/>	FOODS	<input type="checkbox"/>
CIRCULATORY OR HEART PROBLEMS	<input type="checkbox"/>	OTHERS, IF SIGNIFICANT	<input type="checkbox"/>
EPILEPSY	<input type="checkbox"/>		<input type="checkbox"/>

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 OPTIMIST DINGHY ASSOCIATION (“USODA”) RESULTING FROM MY PARTICIPATING IN THE 2001 USODA NEW ENGLAND CHAMPIONSHIP ("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 and equipment 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.

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

Dated: _____ Parent or Legal Guardian: _____