

**Manchester Sailing Assoc. Optimist Green Fleet Invite  
July 8, 2008**

*Sponsored by MSA & MYC*  
Manchester, MA

**Registration Form**

**Registration Deadline Is July 5, 2008**

**Oral permission for late entry may be granted by calling Lisa McNamara  
at 978-468-4762**

**SKIPPER NAME:** \_\_\_\_\_  
**SAIL #:** \_\_\_\_\_ **YACHT CLUB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_

**ENTRY FEE:**

Registration Fee: \$25.00 \_\_\_\_\_  
(Make check payable to Manchester Sailing Association)

***No Registrations accepted after 10AM July 8, 2007***

**Required Registration Forms:**

- ✓ Registration
- ✓ Liability Waiver & Medical Release
- ✓ Entry Fee (check payable to Manchester Sailing Association)

**Mail completed Registration Forms to:**

Lisa McNamara, 30 William Fairfield Drive, Wenham, MA 01984.

**Registration questions:** [flmcnamara@comcast.net](mailto:flmcnamara@comcast.net) or (978) 468-4762

**LIABILITY WAIVER AND MEDICAL RELEASE**

**The waiver of responsibility and the medical release must be signed by a parent or a legal guardian for each participant (skipper). No sailor may register or compete without a complete and signed waiver and release.**

**Waiver and Release of Liability:** In consideration of the benefits received by myself, my spouse and my child by participation in this Regatta, I, on behalf of myself, my spouse and my child named below, to the fullest extent permitted by law hereby release the Manchester Sailing Association, Manchester Yacht Club, and their officers, members, employees and agents, and, to the extent not included in the foregoing, the Regatta race committees, judges, and volunteers from any and all liability, loss, cost, or expense resulting from and hereby waive any claim which I or any member of my family or my guests may have for damages for death, personal or bodily injury, or property damage which arise directly or indirectly from my child's participation in the 2007

Manchester Sailing Association Green Fleet Invite or activities or events associated therewith.

**(Continued on next page)**

**Medical Release:** In the event of an emergency requiring medical attention for my child, I 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 medical professional licensed under the laws of the Commonwealth of Massachusetts and treatment in any hospital holding a current operating certificate issued by the Department of Public Health of the Commonwealth of Massachusetts. I understand that this permission 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 medical personnel in the exercise of their best judgment may deem advisable. I understand that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if I cannot be reached.

<b>Skipper's Name</b>	
<b>DOB</b>	
<b>Emergency Contact</b>	
<b>Daytime Telephone</b>	
<b>Evening Telephone</b>	
<b>Allergies (Bee stings, food, medication, etc.)</b>	
<b>All medications sailor is using</b>	
<b>Physician</b>	
<b>Physician Telephone</b>	
<b>Insurance Company</b>	
<b>Policy Number</b>	

**On site supervision of sailor (Name of coach, parent, etc.):** \_\_\_\_\_

**Parent or Guardian Sign and Print Name**

**Sign** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_