

MSA Optimist Green Fleet Regatta For First Time Racers

July 6, 2011

Sponsored by MSA & MYC

Manchester, MA

Registration Form

Registration Deadline Is July 6, 2011

Late entry may be available. Please call Jamie Holley at 978-473-2409

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 6, 2011

Required Registration Forms:

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

Mail completed Registration Forms to:

Jamie Holley – 49 Brook St., Manchester, MA 01944

Registration questions: jaiaholley@yahoo.com or (978) 473-2409

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.

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

On site supervision of sailor (Name of coach, parent, etc.): _____

Parent or Guardian Sign and Print Name

Sign _____

Print Name _____

Date _____