



**3rd Annual MAYRA Mid-Summer
Junior Regatta**



REGISTRATION FORM

August 7, 2007

Skipper: _____ Crew: _____
 Class: _____ Sail Number: _____
 Home Club: _____

Summer Address: _____
 City: _____ State: ____ Zip: _____
 Phone: (____) _____

Emergency Contact: _____
 Relationship: _____
 Phone: (____) _____

Morning Races: (Circle One)

Green Fleet Racing (Beginners Only!!)

OR

Team Racing

Requested Team Members for Team Race: _____

Afternoon Races: (Circle One)

Opti - Red(13 & 14) Blue(11 & 12) White(10 & under)

Sunfish 420 Laser Radial

Cost:

Pre-registration (prior to July 31st)
 Singled-handed boats-\$20
 Double-handed boats- \$30
 Late-registration (after July 31st-morning of regatta)
 Singled-handed boats-\$25
 Double-handed boats- \$40

Mayra Mid-Summer Regatta Waiver Form

Corinthian Yacht Club of Cape May
Cape May, NJ

UNDER-18 SAILOR WAIVER

I, _____, the parent/guardian of _____ a minor child, acknowledge that participation in the sport of sailing may involve risk of serious personal injury, and I hereby assume on behalf of my child the risk of any such injuries to my child arising while participating in the regatta. I recognize and understand that the regatta is voluntary in nature and that the decision to participate, based on wind and weather conditions, will be made by my child with my guidance. Hereby waive and release any and all right and claim that I or my child may have against the Corinthian Yacht Club of Cape May (CYCCM), their officers, directors, agents, employees, and members, for any and all injuries suffered by my child arising out of his or her participation in the regatta.

I am aware of the rules of CYCCM, and my child and I will abide by these rules while on CYCCM premises.

Parent / guardian signature: _____

Skippers Signature: _____

Date: _____

By signing this form, you indicate your acceptance of the above provisions, and that all information you provide on this form is accurate and truthful. Please fill out one form per child.

UNDER 18 SAILOR MEDICAL TREATMENT CONSENT FORM

I, _____, the parent/guardian of _____, a minor child, have the authority to allow him or her to participate in the regatta. By signing below, I indicate my understanding that participating in the regatta involves a risk of injury, and in the event of a medical emergency and **if I am not present**, I authorize the regatta organizers from CYCCM to obtain emergency or medical treatment for the child named above.

Signed: _____

Date: _____

Pre-registration mailing address:

Eric Bennung
1122 Missouri Ave
Cape May, NJ 08204