

Avalon Yacht Club
South Jersey Summer Series
Club Championship Regatta
Wednesday, August 12, 2009
REGISTRATION FORM

Sail # _____

Club Affiliation _____

Fleet (circle one)

Opti Green (Beginner)
Laser 4.7

Opti White (10 + Under)
Laser Radial

Opti Blue (11-12)
Club 420

Opti Red (13+)
Sunfish

Skipper: _____

Date of Birth: _____

Summer Address: _____

City: _____ State: _____ Zip: _____

Phone :(_____)_____ T-Shirt Size (circle one): Youth XS, S, M, L, XL **or** Adult S, M, L, XL, XXL

Crew: _____

Date of Birth: _____

Summer Address: _____

City: _____ State: _____ Zip: _____

Phone :(_____)_____ T-Shirt Size (circle one): Youth XS, S, M, L, XL **or** Adult S, M, L, XL, XXL

Adult responsible for competitor(s) at event: _____

Adult's cell phone number: (_____)_____

Emergency Contact: _____

Relationship: _____

Phone: (_____)_____

Pre-registration mailing address:

Avalon Yacht Club
Attn: Kevin Strogon
P.O. Box 189
Avalon, NJ 08202

**Avalon Yacht Club
P.O. Box 189
Avalon, NJ 08202**

South Jersey Summer Series Regatta

Waiver Form

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. I hereby waive and release any and all right and claim that I or my child may have against the Avalon Yacht Club (AYC), 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 grant the Avalon Yacht Club the right to use my child's name, age, and photograph, without compensation, in any press release, website posting, advertisement, brochure or any other medium to publicize this regatta. In addition, I am aware of the rules of AYC, and my child and I will abide by these rules while on AYC premises.

Date: _____

Parent / guardian signature: _____

Skippers Signature: _____

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 AYC to obtain emergency or medical treatment for the child named above.

Parent / guardian signature: _____

Date: _____