

2008 I-LYA Junior Traveler Series Registration Form Indianapolis Sailing Club

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone Number: _____ Cell #: _____

Sailing/Yacht Club: _____

Class of Boat: (please check one)

Optimist CFJ Laser Laser Radial Thistle C420

Position:

Skipper Crew

Note: Each skipper and crew must register individually. There is a separate series for skipper and crew.

Waiver

I hereby agree to adhere to and abide by all provisions of the *Racing Rules of Sailing 2005 – 2008*, sailing instructions, and all rules that govern the Traveler Series. I certify that the yacht is well found and in seaworthy condition and manned by an experienced crew. The owner / skipper will ensure that all safety equipment is properly maintained and stowed and that the crew will be familiar with its location and use. It is further agreed that neither the owner(s), nor members of the crew, shall in any way hold the organizing committee, race committee, or any of them, in whole or in part, liable for damage, accident or loss, including personal injury or loss of life, howsoever caused.

Junior Sailor Signature

Parent / Guardian Signature (if competitor is under 18 years of age)

Date: _____

Attach the Medical Release Form for Each Participant

Entry Instructions – Pre-registration or Registration will also be taken on site the day of the regatta

Please complete this registration form and the Medical Release Form and return them to your club's Head of Jr. Sailing or Race Team Coordinator. The Head of Junior Sailing can turn in the completed registration forms and \$20.00 entry fee for each participant (or \$15.00 for all US Sailing Members) to the address below no later than August 9th, 2008. You also have the option of registering onsite. Amendments to fleet or crew position may be made up to the day of the race. If there are any questions, please feel free to contact me.

David Borkowski – Traveler Series Registration

9021 Admirals Bay Drive

Indianapolis, IN 46236

(317) 826-2905

dborko1@comcast.net

Indianapolis Sailing Club's 2008 Junior Regatta
Medical Release to Be Completed by Parent

Please Print

Participant's Name: _____ Age: _____ Birth Date: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Doctor: _____ Phone: (____) _____

Are you currently taking any medications? If so, please specify type and purpose:

Do you have any allergies that require medication? If so, please specify:

Do you have any physical disabilities that might affect your sailing? If so, please specify:

If your doctor is not a local physician, it may not be in the best interest of your child to be taken to your personal physician. It is, therefore, understood by the undersigned that the above mentioned participant may be taken to a local doctor or hospital in the case of an emergency.

Signature of Parent or Guardian

Date