



FALMOUTH YACHT CLUB REGATTA 2008 Entry Information

Entries must be received **no later than Wednesday, July 9, 2008** to avoid a late fee. All entry materials must be completed in their entirety and fees paid in full in order for the entry to be accepted. Any registration received after this date is subject to a \$35.00 late fee. This late fee will not be waived. The registration deadline is **Wednesday, July 16, 2008**. No registrations will be accepted after July 16, 2008.

All participants (Skipper, Owner if other than Skipper, and Crew) **MUST** submit a waiver of liability form. All participants under 18 years of age **MUST** submit a completed US SAILING medical form. There is a fleet limit for the Optimist Dinghy class of 45 boats. The 420 class is open to all sailors, regardless of age.

Note: All participants with fully completed entries received by **Wednesday, July 9, 2008** will receive a regatta tee-shirt for free. Participants whose entries are received after Wednesday, July 9, 2008 are not guaranteed a regatta tee-shirt.

Special Notice to Lasers: Laser Class racing will **NOT** be held unless a minimum of 5 completed entry forms are received by the registration deadline. In the event that less than 5 Laser entries are received all Laser registration fees will be refunded. Laser competitors should call and check with the Falmouth Yacht Club Office after 1200 on Thursday, July 17, 2008 to verify if racing for Lasers will be held.

Please use the attached entry form to register for the regatta. Faxed entries with credit card payment will be accepted.



FALMOUTH YACHT CLUB REGATTA WAIVER OF LIABILITY

Skipper (and Owner if other than Skipper) and Crew of each Yacht must read and sign this release in order to participate in Falmouth Yacht Club Racing events:

In consideration of the acceptance of my application for entry in all one-design class racing at Falmouth Regatta in 2008, I hereby waive, release, and discharge any and all claims for damage, loss of life, personal injury, or property damage to myself, my yacht, or any member of my crew as a result of my participation in 2008 Falmouth Regatta events. This release is intended to discharge the Falmouth Yacht Club Race Committee and the Falmouth Yacht Club and its respective Officers, employees, chairmen, and Governors from and against any and all liability arising out of or in any way connected with my participation in the 2008 Falmouth Regatta Racing events.

I further understand that serious accidents can occur during yacht racing, and that participants in yacht racing may sustain serious or fatal injuries and/or property damage as a consequence thereof.

Any boat that does not have all approved Coast Guard required equipment on board is subject to disqualification. Life jackets must be worn at all times on docks and on or near the water.

I knowingly assume the risks of yacht racing and the release and hold harmless all of these persons or entities mentioned above whom otherwise might be held liable to me or my heirs or assigns for damages.

I agree to abide by the rules, regulations and sailing instructions of all 2008 Falmouth Regatta Racing events.

Skipper Signature: _____ Date : _____

Skipper Name (print): _____

Parent/Guardian Signature
for skipper under 18: _____ Date : _____

Owner Signature (if not Skipper): _____ Date: _____

Owner Name (print): _____

Crew Signature: _____ Date : _____

Crew Name (print): _____

Parent/Guardian Signature
for crew under 18: _____ Date : _____



**FALMOUTH YACHT CLUB REGATTA
MEDICAL CONSENT FORM**

NAME OF PARTICIPANT (printed): _____

NAME OF PARENT OR GUARDIAN (printed): _____

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named below as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of Falmouth Yacht Club or while participating in any activity sponsored by or under the auspices of said Club under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize any officer or member of Falmouth Yacht Club to consent to such medical care, attention or treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the Falmouth Yacht Club and the United States Sailing Association and its officers and members thereof

I, the undersigned, do 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 member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization 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 physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

IN CASE OF EMERGENCY PLEASE CALL

NAME	RELATIONSHIP	PHONE NUMBER

Parent/Guardian Signature _____ Date: _____

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

MEDICAL AND EMERGENCY INFORMATION

NAME : _____ SEX: ____ (M) ____ (F)

ADDRESS: _____

CITY, STATE ZIP _____

TELEPHONE: (Res.) _____ (Bus.) _____

DATE OF BIRTH: _____

PARENTS' NAMES: _____

PARENTS' CELL PHONES: _____

PARENTS' DAY PHONES: _____ EVENING: _____

THE PARTICIPANT AND PARENTS MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS	
<input type="checkbox"/>	ASTHMA OR OTHER RESPIRATORY PROBLEMS
<input type="checkbox"/>	DIABETES OR HYPOGLYCEMIA
<input type="checkbox"/>	HEMOPHILIA, OR OTHER BLEEDING PROBLEMS
<input type="checkbox"/>	CIRCULATORY OR HEART PROBLEMS
<input type="checkbox"/>	EPILEPSY

ALLERGIES	
<input type="checkbox"/>	MEDICATION
<input type="checkbox"/>	BEE STINGS/INSECT BITES
<input type="checkbox"/>	FOODS
<input type="checkbox"/>	OTHERS, IF SIGNIFICANT <i>(describe below)</i>
<input type="checkbox"/>	

DATE OF LAST TETANUS SHOT: _____ BLOOD TYPE (if known): _____

CURRENT MEDICATIONS IF ANY: _____

DETAILS: _____

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION