



Lake Sunapee Yacht Club **RIG IT UP REGATTA**
REGISTRATION FORM
July 31 and August 1, 2018

SAILOR INFORMATION

Sailor's Name: _____

boy _____ girl _____ age : _____

Housing needed? _____ if yes, you must bring sleeping bag,
pillow and towel.

Yacht Club or Sailing

Association: _____

BOAT INFORMATION

Sailboat Class (check one box):

Optimist Green ___ Optimist Blue ___

420 ___ 420 spinnaker ___

Sail # _____

Boat # _____

Skipper ___ Crew ___ If crew, skipper's name? _____

Sailor's signature:

Parent signature:

Medical and Liability release forms must be filled out and signed
by registration the morning of the regatta.

____ \$50 fee. Please make checks payable to Lake Sunapee
Yacht Club.

____ \$40 per day boat charter fee for visiting teams. Please make
checks payable to Lake Sunapee Yacht Club. \$100 deposit

(separate check) to be returned if no damage to boat.

MEDICAL AND EMERGENCY INFORMATION

NAME

_____ SEX (M) (F)

Address

City _____ State

_____ Zip _____

Date of Birth _____

Phone _____

(H) _____ (cell)

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

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

CHRONIC AILMENTS:		ALLERGIES
ASTHMA OR OTHER RESPIRATORY PROBLEMS		MEDICATION
DIABETES OR HYPOGLYCEMIA		BEE STINGS/INSECT BITES
HEMOPHILIA OR OTHER BLEEDING PROBLEMS		FOODS
CIRCULATORY OR HEART PROBLEMS		OTHERS, IF SIGNIFICANT (describe below)
EPILEPSY		

DATE OF LAST TETANUS SHOT: BLOOD TYPE:

CURRENT MEDICATIONS IF ANY: DETAILS:

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION

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 the 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 the 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 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 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 CALL:

NAME	RELATIONSHIP	PHONE NUMBER
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SIGNATURE OF PARENT/GUARDIAN:

_____ DATE: _____

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

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Certification, Authorization, Release and Indemnity Agreements
Medical Services Care and/or Treatment

Certification

We, the undersigned, certify that we are the parents or true and lawful guardians of _____ and that the Health Information is true and correct to the best of our knowledge and, further, if any changes occur, we will immediately notify The Lake Sunapee Yacht Club.

Authorization

For valuable consideration received, we hereby authorize Lake Sunapee Yacht Club, the Lake Sunapee Junior Yacht Club, their officers, directors, agents, servants and employees and/or members to obtain or attempt to obtain medical services, care and/or treatment for _____ (child's name) as shall reasonably appear required as a result of accident and/or illness that may arise during his/her involvement and/or participation in _____ (instructional, programs or other specific activity). Prior to obtaining or attempting to obtain such service, care and/or treatment, reasonable efforts shall be made to contact the persons listed on the Health Information form.

Release and Indemnity Agreement

Further, we hereby release the above described persons and entities from ANY and ALL claims, demands, actions or causes of action which we, our child, our ward, our heirs, personal representatives or assigns have or may have arising out of obtaining or attempting to obtain each such service, care and/or treatment.

Further, we hereby promise and agree and covenant to totally and completely indemnify, defend and hold harmless the above described persons and entities from ANY and ALL claims, demands, actions or causes of action by ANY person or persons arising out of obtaining or attempting to obtain each service, care and/or treatment, including but not limited to direct actions, third-party actions, claims, cross-claims, demands or actions for contribution or indemnification.

Date _____ Parent and/or Guardian _____ Date _____ Parent and/or Guardian _____

General Release and Indemnity Agreement

For Valuable consideration received, we, the undersigned, hereby release the Lake Sunapee Yacht Club, the Lake Sunapee Junior Yacht Club, their officers, directors, agents, servants and employees and/or members from ANY and ALL claims, demands, actions or causes of action which we, our child, our ward, our heirs, personal representatives or assigns may have arising out of _____ (child's name) involvement and/or participation in _____ including but not limited to direct actions, third-party actions, claims, cross claims, demands or actions for contribution or indemnification.

Date _____ Parent and/or Guardian _____ Date _____ Parent and/or Guardian _____