

**Edgartown Yacht Club 84th Annual Regatta
Registration Form
ALL JUNIOR SKIPPERS**

Fleet: (circle one):

Sail # _____

.....420.....Laser.....Optimist-Red.....Optimist-Blue.....Optimist-White.....Optimist-Green

Skipper Name _____ Yacht Club

Summer
Address _____

Date of Birth (sailors must be born in 1989 or later) _____ Phone #

Crew Name (complete separate crew form) _____

Housing Needed? Yes or No (circle one) If yes, please complete separate housing form

No person will be permitted to participate in any REGATTA function or to utilize any Club facility, including Club sponsored launch service, without a proper REGATTA identification wrist band.

In consideration of your accepting my child's entry:

I hereby agree to all the General Conditions for the Edgartown Regatta which I have read and understand. I hereby warrant that my child's yacht will be outfitted, equipped and handled in accordance with those Conditions, that she will have required equipment aboard, that she will be seaworthy in hull, rig, and gear and that she will be completely manned. I agree that my child's yacht complies with the requirements and prescriptions of it's class at the time she starts the first race of the Regatta. I do for my child, his/her executors or administrators, heirs and assigns, waive any and all claims as may accrue to me or them against the Edgartown Yacht Club, Inc., its officers, trustees, members, employees and agents, and in one or more of them arising out of participation in any race of the Edgartown Regatta, or arising from any related activities.

EDGARTOWN YACHT CLUB, INC. RECOMMENDS THAT YOU ADVISE YOUR INSURANCE UNDERWRITERS
OF THE EXECUTION OF THIS DOCUMENT.

Signature of Parent or Legal Guardian _____ Date _____

**Entry fee includes participant entry, 3 lunches, 3 dinners, T-shirt, participant ID,
and 2 evening activities**

**Edgartown Yacht Club 84th Annual Regatta
Registration Form
ALL JUNIOR CREWS**

Sail # _____

Crew Name _____ Yacht Club _____

Summer Address _____

Date of Birth (sailors must be born in 1989 or later) _____ Phone # _____

Skipper Name (complete separate skipper form) _____

Housing Needed? Yes or No (circle one). If yes, please complete separate housing form

No person will be permitted to participate in any REGATTA function or to utilize any Club facility, including Club sponsored launch service, without proper REGATTA identification wrist band.

In consideration of your accepting my child's entry:

I hereby agree to all the General Conditions for the Edgartown Regatta which I have read and understand. I hereby warrant that my child's yacht will be outfitted, equipped and handled in accordance with those Conditions, that she will have required equipment aboard, that she will be seaworthy in hull, rig, and gear and that she will be completely manned. I agree that my child's yacht complies with the requirements and prescriptions of it's class at the time she starts the first race of the Regatta. I do for my child, his/her executors or administrators, heirs and assigns, waive any and all claims as may accrue to me or them against the Edgartown Yacht Club, Inc., its officers, trustees, members, employees and agents, and in one or more of them arising out of participation in any race of the Edgartown Regatta, or arising from any related activities.

**EDGARTOWN YACHT CLUB, INC. RECOMMENDS THAT YOU ADVISE YOUR INSURANCE UNDERWRITERS
OF THE EXECUTION OF THIS DOCUMENT.**

Signature of Parent or Legal Guardian _____ Date _____

**Entry fee Includes participant entry, 3 lunches, 3 dinners, T-shirt, participant ID,
and 2 evening activities**

**The Southern Massachusetts Sailing Association
Personal Health and Medical Form**

Please print or type.

Name _____ Date of Birth _____ Age _____ Gender _____

Parent/guardian _____ Phone (____) _____ or (____) _____

Home address _____ Town/City _____ State _____

Business address _____ Town/City _____ State _____

If the person named above is not available in the event of any emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Health/Accident Insurance Carrier _____ Policy No. _____

In the case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected to secure the proper medical treatment, which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Date _____ Signature of parent/guardian _____

Medical information past or present (please check):

Asthma	yes[] no[]	Heart disease	yes[] no[]	Leukemia	yes[] no[]
Allergies	yes[] no[]	High blood pressure	yes[] no[]	Cancer	yes[] no[]
Convulsions	yes[] no[]	Diabetes	yes[] no[]	Hemophilia	yes[] no[]

Explanations: _____

Allergies:

Food	yes[] no[]	Plants	yes[] no[]
Medicines	yes[] no[]	Insect bites	yes[] no[]

Explain any YES answers and give all information needed to provide as safe and as full participation as possible. _____

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures? yes[] no[]

What? _____

Date of last Tetanus shot: _____