AREA QUALIFIER U.S. JUNIOR CHAMPIONSHIPS

US Sailing
PO Box 1260
Portsmouth, RI 02871
Bus: (401) 683-0800
Fax: (401) 683-0840

HOUSING FORM

Each sailor must complete and sign separate copies of this form. Please fill it out completely - incomplete forms will not be accepted.

Competitor's name (*please print*) _____ ☐ M or ☐ F

Home Address _____ Age _____

City/State/Zip _____

Email: _____

Parent's Email:_____Parent's Daytime Phone (____) _____

Parent's Home Phone (____) _____ Parent's Emergency Number (____)_____

ROOMMATE: If you are staying in the housing as arranged by the host, is there any competitor with whom you would like to share a room? ***No guarantees!***

Name(s): _____

Competitor's Agreement: I accept US Sailing's invitation to sail in US Sailing's Area B Quailifer for the US Sailing Chubb US Junior Sailing Championships. By accepting this invitation, I agree to comply with the restriction on drinking and the use of illegal drugs per US Sailing regulations, and with the 9:00 pm curfew for the entire event. I also agree to share in the responsibility for making the event run smoothly both on and off the water. In particular, I will respect that others are also taking this championship seriously, I will respect property that is not mine, I will respect the efforts of the event hosts, and I will respect and show appreciation for the generosity of my housing hosts.

_____ _____ ____/_____/_____
Print competitor's name clearly *Competitor's Signature* *date*

Competitor's Parent(s) Agreement: I/We have read the competitor's agreement above and the restriction on the use of alcohol and illegal drugs per US Sailing regulations, during the Area B Qualifer event. I/We fully understand that offenders of the restriction will immediately be removed from the racing and if practical sent home. I/We understand that I/We are responsible for the behavior of my/our child and liable for any damage to property, including chartered boats, caused by him/her, and damage to American Yacht Club property.

_____ _____ ____/_____/_____
Print parent's name *Parent's Signature* *date*

Mail this form ***no later than July 6, 2016***:
By Email to : AreaBqual@gmail.com
By Mail Attn: Paula Schaefer
American Yacht Club
Milton Point, Rye NY 10580