



Stone Horse Yacht Club, Harwich Port, MA

www.stonehorseyachtclub.org

NOTICE OF RACE ***Laser Regatta – July 25, 2015***

Location: Stone Horse Yacht Club, 2 Harbor Road, Harwich Port, MA 02646

Schedule:	9:30 AM REGISTRATION (Strict Closing at 10:30 AM)
	10:30 AM SKIPPERS' MEETING
	11:30 AM STARTING GUN - RACES BEGIN
	4:00 PM RACING ENDS
	4:30 PM BARBECUE, REFRESHMENTS & AWARDS

Classes: Laser Standard and Laser Radial (provided there are a minimum of three boats per class). The Race Committee may run separate starting sequences for each fleet dependent on the number of participants.

Eligibility: Open to all male/female skippers. Written permission from parents/guardians required for skippers less than eighteen (18) years of age must be received before the start of racing.

Equipment & Class Rules: The Racing Rules of Sailing 2013-2016 shall apply as well as the current ILCA Class Rules. All yachts must display proper sail numbers.

Registration:

- Regatta fee of \$40 for online pre-registration until 11:59PM July 24th and \$50 for all others. CASH AND CHECKS ONLY on day of regatta. Online registration can be found at www.stonehorseyachtclub.org. Registrations will be accepted on race day for \$50.
- All skippers must check-in at registration desk at the club between 9:30am-10:30am on race day regardless of pre-registration.
- Regatta fee includes T-shirt, snacks, and post-race barbecue. Fees are non-refundable

Rain Date: In the event of extreme weather, the event will be postponed until Sunday the 26th. If postponed, the organizers will attempt to contact competitors by email as soon as possible and will post the rescheduling on the club website www.stonehorseyachtclub.org.

Parking: Vehicles may off-load boats in the club parking lot at the bottom of Harbor Rd. There will be off-premise parking with a shuttle service. Please follow instructions of our staff.

Skippers' Meeting & Racing: The Skippers' meeting is at 10:30AM. Sailing Instructions will be available at registration. All Skippers must check in at registration prior to this meeting. Racing starts at 11:30AM. The sailing area is a brief sail from the beach launching area. Bottled water will be available on the water near the starting line.

Travel: Allow extra drive time from off-Cape in the morning as local rentals change on Saturdays.

Awards: Top finishes in each class (assuming a minimum of three participants per class) and special trophies will be announced at the end of the racing day.

Additional Information: For more information or questions go to www.stonehorseyachtclub.org or email Trip Barrow at htbarrow@gmail.com. See www.harwichcc.com for local information.



Stone Horse Yacht Club Laser Regatta 2015 Registration Form

Laser class: (circle one): Standard Radial

Sail # _____

I will be representing: _____
(Club or organization if applicable)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone #: _____

Date of Birth: ____/____/____ Gender: Male Female

Regatta Waiver:

I hereby agree that I have read and understood all the General Conditions for the Regatta. I hereby certify that my (or my child's) boat will be outfitted and equipped in accordance with the regulations governing the class and the conditions of the regatta. I agree to comply with all the governing regulations and to abide by all the rules established for the regatta. Furthermore, by signing this form, I release and hold the Organizing Authority, its officers, trustees, members, employees, and agents, harmless from any and all liability incurred as a result of my (or my child's) participation in the above mentioned regatta. I also understand this event subscribes to U.S. Sailing prescription regarding damages.

Sailor: _____ Date _____
(Signature)

Parent
or Legal Guardian: _____ Date _____
(Parent/guardian signature if participant is under 18 years of age on July 20, 2013)

Please enclose payment of \$40 if postmarked by July 24. Make checks payable to Stone Horse Yacht Club.

Send completed registration form, medical form, and payment to:
Trip Barrow, PO Box 8, North Chatham, MA 02650

The Southern Massachusetts Sailing Association

Personal Health and Medical Form

Participant Name _____ Date of Birth _____ Age _____ Gender _____

Parent/guardian (for participants under 18) _____

Phone (_____) _____ or Alternate Phone (_____) _____

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 of personal physician _____ Phone _____

Health/Accident Insurance Carrier _____ Policy No. _____

In the case of emergency, I understand every effort will be made to contact the parent/guardian or the emergency contact person named above. In the event the parent/guardian or emergency contact 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 me or my child (in the case of a participant under the age of 18).

Date _____ Participant signature or signature of Parent/guardian _____

Medical information past or present (please circle Y or N):

Asthma	Y	N	Heart disease	Y	N	Leukemia	Y	N
Allergies	Y	N	High blood Pressure	Y	N	Cancer	Y	N
Convulsions	Y	N	Diabetes	Y	N	Hemophilia	Y	N

Explanations:

Allergies (please circle Y or N):

Food	Y	N	Plants	Y	N
Medicines	Y	N	Insect bites	Y	N

Please explain any YES
answers: _____

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures? Y N

Explain:

Date of last tetanus shot: _____