



REGISTRATION FORM  
OPTI GREEN FLEET REGATTA  
BARNSTABLE YACHT CLUB

**Please complete registration [on-line at Regatta Network](#) or fill out forms and mail to:  
Barnstable Yacht Club Green Fleet Registration PO Box 89 Barnstable MA 02630**

SKIPPER'S NAME: \_\_\_\_\_ YACHT CLUB \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

SAIL NUMBER \_\_\_\_\_ BOAT NAME \_\_\_\_\_ HULL COLOR \_\_\_\_\_

GUARDIAN NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

**Registration includes Regatta Tshirt and Lunch, Please register early - shirts not guaranteed for late registrants.** Registration fee: \$40.00. + \$10. Late fee on Day of Registrations AMT PAID \_\_\_\_\_  
EXTRA Lunch @ \$10 \_\_\_\_\_ EXTRA T-Shirt @ \$15 \_\_\_\_\_ please specify size \_\_\_\_\_

IN CASE THE ABOVE GUARDIAN CAN NOT BE REACHED PLEASE CALL:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

**Medical Consent and Waiver Agreement:**

1, I do hereby authorize and consent to such medical or dental treatment services or care which are necessary or appropriate, including the selection of medical personnel and facilities, and in connection with such treatment, services and/or care, to authorize and consent in my name and on my behalf such emergency or necessary surgery, diagnostic or corrective, as they determine to be necessary for the life, health or well being of my child or participant, the understanding that the Barnstable Yacht Club will attempt to notify me prior such treatment at the telephone number(s) I have given above. I authorize any officer or member of the BYC to consent to such medical treatment.

2. I, \_\_\_\_\_ hereby waives any claim against and releases any obligation of the Barnstable Yacht Club, it's trustees, officers, members, employees, agents and all persons serving as members of it's Race Committee and it's Safety Boats, or any other person acting in any capacity for the conduct of the Optimist Green Fleet Regatta in relation to any loss, injury or damage, on land or at sea, to my participant/child or to the boat or other property of my participant or child to the fullest extent permitted by law.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_