

OCEAN GATE YACHT CLUB SUMMER SAILING CLASSIC

REGISTRATION AND RELEASE FORM

SAIL #: _____

CLASS: _____ 420
_____ SUNFISH
_____ LASER RADIAL
_____ LASER 4.7
_____ Feva

OPTI:
_____ RED (13 - 15)
_____ BLUE (11 or 12)
_____ WHITE (10 or younger)
_____ GREEN(Novice)

YACHT CLUB: _____

SKIPPER'S NAME: _____ *Birth Date:* _____

ADDRESS: _____

E-Mail ADDRESS: _____
(Will be used to confirm receipt of your registration form)

CREW'S NAME: _____ *Birth Date:* _____

ADDRESS: _____

SIZE OF T-SHIRT: _____ SKIPPER _____ CREW

Sizes Available are Youth Large, Adult Small, Medium, Large or X-Large

RELEASE

The undersigned, the parent or guardian of the skipper and any crew member set forth above, agree that they will abide by all rules and policies set forth for this regatta and agree that any violation will be a basis for disqualification from the regatta. I also agree that the Ocean Gate Yacht Club, its officers, employees and members shall not be held liable for any act, injury, or loss in connection with the regatta activities. I give my consent to any immediate and emergency care and first aid for my child which may be necessary in the event of an accident or injury.

Signature of Parent or Guardian of Skipper: Emergency phone number:

Signature of Parent or Guardian of Crew: Emergency phone number:

Mail to: E King, PO Box 1172, Ocean Gate, NJ 08740