



Sign and Submit to Sail Newport via:

Fax: (401) 846-7245

or

Sign, scan and email:

katie.barker@sailnewport.org

or

Hand in to Sail Newport *BEFORE* sailing

2010 Youth Challenge Entry Form

Please check class for SATURDAY AND SUNDAY RACING:

Opti White

Opti Blue

Opti Red

Please check class for SUNDAY RACING ONLY:

Club 420

Laser Radial

Sailor Name: _____

Boy

Girl

Sail Number: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Hometown or Club Affiliation: _____

Parent Tel. #1: _____ Parent Tel. #2: _____

Email: _____ I plan to bring a Support Boat

Person responsible for child during event _____ Cell # _____

If with coach, please list name _____ Cell # _____

Opti Entry Fee:

\$60.00 (Received/postmarked on or before June 5) \$85 (On or after June 6)

Club 420 Entry Fee:

\$50.00 (Received/postmarked on or before June 5) \$75 (On or after June 6)

Laser Radial Entry Fee:

\$25.00 (Received/postmarked on or before June 5) \$50 (On or after June 6)

(Please make checks payable to Sail Newport)

Credit Card #: _____ EXP: _____ SEC CODE: _____



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2010 YOUTH CHALLENGE – MINOR WAIVER

Medical Authorization, Photographic Waiver and Assumption of the Risk Liability Waiver

Competitor Name _____ **SAIL #** _____

Boat Class (Check): Opti White Opti Blue Opti Red Laser Radial

Club 420 (List Skipper _____ or Crew Name _____)

Issues/allergies which medical personnel should be aware of (or write "None"):

MEDICAL AUTHORIZATION

I, _____ the parent or legal guardian of the above listed competitor, minor, do hereby authorize and consent to such medical or dental treatment services or care which are necessary or appropriate for my child, including the selection of medical personnel and facilities and transportation or transfer of my child to such facilities and in connection with such treatment, services and/or care, to authorize and consent in my name and on my behalf to such emergency or necessary surgery, diagnostic or corrective, as they may determine to be necessary for the life, health or well being of my child, after reasonable consultation with duly licensed physicians, surgeons and /or dentists. It is understood that reasonable effort shall be made to contact the undersigned prior to rendering treatment of my child but that any of the above treatment will not be withheld if the undersigned cannot be reached.

PHOTOGRAPHIC WAIVER

Furthermore, I understand that by my child participating in Sail Newport events, I automatically grant to the Organizing Authority and its sponsors the right in perpetuity to make, use and show, from time to time at their discretion, any motion pictures and live, taped or filmed television and other reproductions of him or her or them during the period of the competition without compensation.

ASSUMPTION OF THE RISK

I also acknowledge that my child intends to participate in The 2010 Sail Newport Youth Challenge. The undersigned specifically asserts that the minor-competitor will comply with the RRS of Sailing and rules and regulations of the event. I will make certain that my child is provided with a Coast Guard approved life jacket and will wear it at all times while on the docks or on the water. I am aware that participation in a sailing event presents the risk of serious injury and even death. I acknowledge that the risks exist and assume said risks with respect to practicing or participating in a Sail Newport sailing event.

Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN EMERGENCY CONTACT INFO: or write "same" (as on Page 1)

Home Address: _____ City _____ State _____ ZIP _____

Tel # 1: _____ Tel# 2 _____

Sail Newport, 60 Fort Adams Dr., Newport, RI 02840 Tel. 401.846.1983