



PICYA Youth Regatta Entry Form



August 29, 2009 – Encinal Yacht Club

Two entries per PICYA Yacht Club per Division

Competing in:

Sponsored by:



OPTIMIST

Division A

(10 and under)
birth date after 12/31/98

OPTIMIST

Division B

(13 and under)
birth date after 12/31/95

EL TORO

Division C

(16 and under)
birth date after 12/31/92

Print Skipper Name	Yacht Club
Skipper Signature	Phone
Mailing Address	City ZIP
Sail Number	Birth date

Print Owner Name	Phone
Owner Signature	Date
Mailing Address	City ZIP

Print Parent Name	Phone
Owner Signature	Date
Mailing Address	City ZIP

Entries must be legible and fully complete to be considered

For and in consideration of the acceptance by the Pacific Inter-Club Yacht Association (PICYA) of my entry in this regatta, I hereby accept all risks and responsibilities of my yacht's participation in said regatta and waive any and all claims I may have against the PICYA, its officers, directors, agents and/or employees, and all members clubs and committees concerned, arising out of or in any way connected with such participation. I agree to abide by the conditions of the Deed of Gift of this event, and by the rules of the host organizations. Furthermore, I certify that our entry conforms with the requirements set forth in Section 2 of the Notice of Regatta.

FAX or mail entry to the appropriate Chairperson, as listed below. Entries will be accepted on the morning of the Race. Sailing instructions will be available at the Skippers' Meeting 10:00 AM, Aug. 29, 2009. Lunches will be provided by I.O.B.G Dist 14 & 19 to contestants at no charge.

REGISTRATION INFO:

Daphne Owen – PICYA Regatta Chair

P.O.Box 350, Walnut Grove, CA 95690

916-776-1836 H – 916-240-9514 C – 916-880-5270 FAX

Parental/Guardian Release Required

on reverse side

Pacific Inter-Club Yacht Association



“YOUTH” REGATTA 29 August 2009



Hosted by the Encinal Yacht Club, West Marine & International Order of the Blue Gavel

FOR YOUTH SAILORS (under age 18 years) ONLY:

MEDICAL/EMERGENCY INFORMATION:

NAME: _____

Should the participant be in need of medical treatment, do you give permission for this to be done in the event that the participant can not physically make a decision, or the guardian/ contact below can not be reached?

_____ YES _____ NO

Signature _____
(Parent or Guardian if participant is under 18)

In case of an emergency, please notify:

Name: _____ Home Phone # _____

Day Phone # _____ Cell Phone # _____

Doctor Name: _____ Phone # _____

Medical Plan Name: _____ Medical # _____

Last Tetnus Shot: _____ Allergies (food, medication), or special instructions:

Liability Release: For and in consideration of my (team's/child's) participation at this event held at the Encinal Yacht Club. I hereby accept all of the risks and responsibilities of participating in said regatta and it's events and waive any and all claims I (my team/my child) may have against the Pacific Inter-Club Yacht Association, the Encinal Yacht Club, West Marine and the International Order of the Blue Gavel, its members, officers, directors, committees, agents and/or employees arising out of or in any way connected with such participation.

Encinal Yacht Club

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Alameda, CA 94501

www.encinal.org

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