



Rock, Paper, Scissors
Youth Regatta and Tournament
August 28-29, 2010
Birmingham Sailing Club

REGISTRATION FORM

Sail No.

Club Association

Skipper's Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

Age:

Date of Birth:

Male/Female

(Must be 17 and under)

Boat Type: Optimist
(circle one)

Laser-Full, Radial, 4.7

Open Bic

Optimist Fleet: Red
(circle one)

Blue

White

Green

Parents' Name(s):

Adult Responsible at Event:

Relationship:

Disclaimer of Liability: Competitors participate in the regatta entirely at their own risk. See RRS 4, Decision to Race. Neither the organizing authority nor the host organization, nor the sponsors will accept any liability for material damage or personal injury or death sustained in conjunction with or prior to, during or after the regatta.

Skipper's Signature:

Parent's/Guardian's Signature:

Registration Fees and Additional Meals

Skippers Entry fee and meals: \$50.00 (includes race fee, all meals, and entertainment)

Additional meals: \$25.00 meal package (includes Saturday lunch & dinner, Sunday breakfast & lunch) \$10.00 extra dinner, \$5.00 extra lunch

Total Enclosed \$

Make Checks payable to **Birmingham Sailing Club**

DEADLINE TO REGISTER: August 14, 2010

Optimists may be available for charter; however priority is given to BSC sailors. Please contact Kathaleen Rogers at 205-979-1831 or kathaleenrogers@gmail.com for charter information.

Mail completed registration form and medical release forms with full payment to:

Rock Paper Scissors Regatta

Kathaleen Rogers

3412 Laurel View Lane

Hoover, AL 35216

205-979-1831

kathaleenrogers@gmail.com

Please complete separate medical forms.

MEDICAL RESPONSE INFORMATION
AND CONSENT FORM

MINOR'S FULL NAME: _____ Age _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

PEOPLE TO CONTACT IN CASE OF AN EMERGENCY:

Father's name: _____ Home: _____ Office: _____

Mother's name: _____ Home: _____ Office: _____

Other name: _____ Home: _____ Office: _____

(other person/relationship): _____

FAMILY DOCTOR NAME: _____ **PHONE:** _____

POLICY NUMBER: _____

FOR GROUP PLANS:

Name of Parent in Group: _____

Group Number: _____

Name of Employer: _____

MEDICAL INFORMATION:

Allergies: _____

Medical Conditions: _____

Regularly taken medications: _____

Other information that may be helpful in case of an emergency: _____

**AUTHORIZATION AND CONSENT TO
TREATMENT OF A MINOR**

I, the undersigned parent/guardian (circle one) of _____
(minor's full name), hereby consent to any medical and/or surgical treatment, diagnosis,
anesthesia and hospital care which is deemed advisable by, and is to be rendered under
the general and special supervision of, any physician licensed under the provisions of the
law of the state in which said physician practices.

It is understood that this authorization and consent is given in advance of any specific
diagnosis or need for treatment, but is provided to give authority to such physician and
medical facilities in advance in the event that any such medical and/or surgical treatment,
diagnosis, anesthesia or hospital care is deemed necessary by the above described
physician.

I am aware that hospital procedures as well as the practice of medicine are not an exact
science and I acknowledge that there is no guarantee expressed or implied as to the
results of such diagnosis, examination or other procedures carried on by any such
physician and/or hospital.

I acknowledge that the efforts of Birmingham Sailing Club and those acting on its behalf
in connection with any such medical situation do not constitute an acceptance or
acknowledgement by Birmingham Sailing Club or any such individual acting on its
behalf of responsibility for the medical situation involved, the results of any such
treatment or care, or financial responsibility for such treatment or care.

Date

Signature

Name Printed