



US SAILING
PO Box 1260
Portsmouth, RI 02871
Bus: (401) 683-0800
Fax: (401) 683-0840

**2005 U.S. JUNIOR WOMEN'S DOUBLEHANDED CHAMPIONSHIP
FOR THE IDA LEWIS TROPHY**

Hosted by
The Ida Lewis Yacht Club

Congratulations and welcome to the 2005 U.S. Junior Women's Doublehanded Championship for the Ida Lewis Trophy! You must complete the attached paperwork and return it by the deadline below. All sailors must complete the attached forms and return them via mail or email (to the addresses listed below), all at the same time. Please complete and return the attached materials. If the materials are not received on or before May 31, 2005, you risk forfeiting your participation in the regatta.

In the event that your sailing or travel plans change, please contact **Jan Slee** directly at **slee142@cox.net** or at **401 845-2528**. **Do not call US SAILING or the National Chair.**

Return ALL forms and ALL checks to:

Via mail to: Ida Lewis Yacht Club
Attention: IDA LEWIS TROPHY REAGTTA
P.O. Box 479
Newport, RI 02840

Via email to: slee142@cox.net

EVERYTHING MUST BE RECEIVED no later then MAY 31, 2005.

- Acceptance form and Competitor's Agreement (enclosed)
- Medical Consent Form (enclosed)
- Waivers: Release of Liability & Depiction Release (enclosed)
- Travel Form (enclosed)

For more information:

1. THE INTERNET <http://www.ussailing.org/championships/youth/usjrw/double/>

2. US SAILING

Shannon W. Bush, Junior Women's Championships Chair

Liz Walker, US SAILING, Championships Manager

Jan & Carrie Slee, Regatta Chairs
Email: slee142@cox.net

Phone: 401 845-2528



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ACCEPTANCE FORM

IMPORTANT: Received no later than May 31, 2005. Skippers and crews must EACH complete and sign separate copies of this form. Only COMPLETELY FILLED IN forms will be accepted.

Please write your name: _____ : _____
 Please stipulate if you are (circle one): Helm or Crew

Please write your sailing partner's name : _____
 Please stipulate if you are (circle one): Helm or Crew

COMPETITOR'S AGREEMENT

Competitor's Agreement: I accept US SAILING's invitation to sail in the 2005 U.S. Junior Women's Doublehanded Championship for the Ida Lewis Trophy. By accepting this invitation, I agree to comply with the restriction on drinking, smoking and the use of illegal drugs, and with the 11:00 pm curfew for the entire event. I also agree to share in the responsibility for making the event run smoothly both on- and off-the-water. In particular, I will respect that others are also taking this championship seriously, I will respect property that is not mine, I will respect the efforts of the event hosts, and I will respect and show appreciation for the generosity of my housing hosts.

_____ /_____/_____
 Print competitor's name clearly Competitor's Signature date

Competitor's Parent(s) Agreement: I/We have read the competitor's agreement above and the restriction on the use of alcohol, smoking and illegal drugs during the **2005 U.S. Junior Women's Doublehanded Championship for the Ida Lewis Trophy**. I/We fully understand that offenders of the restriction will immediately be removed from the racing and where practical, sent home. I/We understand that I/We are responsible for the behavior of my/our child and liable for any damage to property, including chartered boats caused by him/her, and damage to The Ida Lewis Yacht Club property.

_____ /_____/_____
 Parent's Name Parent's Signature date

EVERYTHING MUST BE RECEIVED no later then MAY 31, 2005.

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 Attention: IDA LEWIS TROPHY REAGTTA
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 Newport, RI 02840

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DEPICTION RELEASE

*The signed consent form **MUST** be on file in order to complete registration. One must be on file for each sailor.*

In consideration for my participation in the **2005 U.S. Junior Women’s Doublehanded Championship for the Ida Lewis Trophy** event (“the “Regatta”), sponsored by US SAILING, The Ida Lewis Yacht Club, Sail Newport, Vanguard Sailboats, and the event commercial sponsors (collectively the “Sponsors”) and hosted by The Ida Lewis Yacht Club (the “Host”) from 5 to 11 July, 2005, the undersigned participant (“Participant”) and if such Participant is a minor, the Participant’s parent or legal guardian by countersigning below (“Parent/ Guardian”), hereby grant to the Sponsors and the Host, perpetually and irrevocably, the unconditional and exclusive right, title and interest throughout the world to use, simulate and portray Participant’s name, likeness, voice, personality, personal identification, and personal experiences, incidents, situations and events, whether visual and/or audio, including without limitation photographs, videotape, film and other recordings, electronic or optical-based media, or any other form or medium whatsoever, whether now or hereafter existing, and of every kind and character (collectively “The Images”), which may be taken or taken of Participant while participating in any aspect of the Regatta. Participant and Parent/Guardian understand and agree that one or more of the Sponsors and/or Host will be the owner(s) of any and all right, title and interest in and to the Images, in any derivative works, and in any merchandising, advertising, promotional and publicity rights and materials related thereto in all media of every nature whatsoever, whether now known or hereafter devised. Participant reserves no rights with respect to such uses. Participant and Parent/Guardian acknowledge the Sponsors’ and the Host’s right, title and interest in and advertisement, promotion, distribution and sale of products or events directly or indirectly related to the Regatta and/or yacht racing. Participant and Parent/Guardian agree that the Sponsors and the Host shall have unlimited right to vary, change, alter, modify, add to, and delete from any depictions of Participant in the Images and to rearrange and/or transpose such depictions as each may determine. Participant and Parent/ Guardian hereby waive any right to inspect, review or approve the Images and their use by the Sponsors and the Host and acknowledge that they are to receive no payment with respect to any matter referred to herein and that any and all of the rights granted herein are freely assignable by Sponsors and/or Host.

PARTICIPANT AND PARENT/GUARDIAN, ON BEHALF OF THEMSELVES AND THEIR RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND NEXT OF KIN (COLLECTIVELY, “RELEASERS”), HEREBY FOREVER WAIVE, RELEASE AND DISCHARGE EACH OF THE SPONSORS, THE HOST AND THEIR RESPECTIVE PARENTS, SUBSIDIARIES, AFFILIATES, OWNERS, MEMBERS, MANAGERS, EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, SUCCESSORS, ASSIGNS AND REPRESENTATIVES (EACH A “RELEASED PARTY”) FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT RELEASORS MIGHT NOW OR HEREAFTER HAVE FOR LIBEL, DEFAMATION, INVASION OF PRIVACY, RIGHT OF PUBLICITY, INFRINGEMENT OF COPYRIGHT OR TRADEMARK, OR VIOLATION OF ANY OTHER RIGHT ARISING OUT OF OR RELATING TO ANY UTILIZATION OF THE RIGHTS GRANTED UNDER THIS DEPICTION RELEASE.

PARTICIPANT (Signature): _____

NAME (print) _____ **DATE:** _____

PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF AGE)

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to waive and hold harmless and indemnify each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party (ies) because of any defect in or lack of such capacity to so act and release said Party (ies) on behalf of all Releasers as specified herein.

PARENT OR GUARDIAN (Signature): _____

PARENT/GUARDIAN NAME (Printed): _____ **Date** _____



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MEDICAL CONSENT FORM

Each participant must complete and sign a copy of this form. Please fill it out completely. Incomplete forms will not be accepted. ***This form must be received no later than MAY 31, 2005.***

NAME OF PARTICIPANT: _____

NAME OF PARENT OR GUARDIAN (if applicable) _____

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child if named above as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of The Ida Lewis Yacht Club or while participating in any activity sponsored by or under the auspices of The Ida Lewis Yacht Club under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize the General Manager, Assistant General Manager or any officer or member of the Your Yacht Club to consent to such medical care, attention or treatment.
3. I agree to pay all costs of such medical care, attention or treatment and to hold free and harmless of and from any and all liability for such cost The Ida Lewis Yacht Club, the United States Sailing Association and the officers and members of each.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed by the State of Rhode Island and The Providence Plantations or of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature: _____

Parent/Guardian Signature (if applicable): _____ Date: _____

IN CASE OF EMERGENCY CALL:

NAME	RELATIONSHIP	PHONE NUMBER

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER



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MEDICAL AND EMERGENCY INFORMATION

Competitor's name: _____ Male ____ or Female ____

Address: _____

City/State/Zip: _____

Telephone _____(home) _____(Emergency cell) Date of Birth: _____

THE PARTICIPANT AND/OR THEIR PARENT(S) MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:		ALLERGIES:	
ASTHMA, OR OTHER RESPIRATORY PROBLEMS		MEDICATION (please list below)	
DIABETES OR HYPOGLYCEMIA		LATEX	
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS		BEE STINGS/INSECT BITES	
CIRCULATORY OR HEART PROBLEMS		IF YES, DO YOU CARRY AN EPIPEN?	
EPILEPSY/ SEIZURE		FOODS	
OTHER		OTHER	

DATE OF LAST TETANUS/ DIPHTHERIA/ TOXOID SHOT: _____

CURRENT MEDICATIONS AND DOSAGE IF ANY: _____

DETAILS: _____

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION
 If any of the above mentioned information changes before or during the event,
 please submit in writing all pertinent information to the regatta chairperson.

This form must be received no later than May 31, 2005

Via mail to: Ida Lewis Yacht Club
 Attention: IDA LEWIS TROPHY REGATTA
 P.O. Box 479
 Newport, RI 02840

Via email to: slee142@cox.net



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RELEASE OF LIABILITY

In consideration of the undersigned’s participation in the **2005 U.S. Junior Women’s Doublehanded Championship for the Ida Lewis Trophy** (“the Regatta”) sponsored by US SAILING, The Ida Lewis Yacht Club, Sail Newport, Vanguard Sailboats and the event commercial sponsors (collectively, the “Sponsors”) and hosted by The Ida Lewis Yacht Club (the “Host”) from 5 to 11 July, 2005, the undersigned participant (“Participant”), and if such Participant is a minor, the Participant’s parent or legal guardian by countersigning below, on behalf of themselves and their respective heirs, executors, administrators, personal representatives and next of kin (collectively with Participant, “Releasers”), hereby forever waive, release and discharge each of the Sponsors, the Host and their respective parents, subsidiaries, affiliates, owners, members, managers, employees, officers, directors, agents, representatives, successors and assigns (each a “Released Party”) from any and all claims, demands, damages, judgments, executions, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which a Releaser may have, or claim to have, against any Released Party resulting from death, personal injury, property damage or other loss Releaser may sustain as a result of participating in the Regatta or other activities related thereto.

THIS RELEASE IS INTENDED TO DISCHARGE EACH RELEASED PARTY FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH RELEASOR’S PARTICIPATION IN THE REGATTA EVEN IF THAT LIABILITY ARISES OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF ANY RELEASED PARTY.

Releasers hereby acknowledge that serious accidents occasionally occur during sailing activities and that mortal or serious personal injuries and/or property damage or other loss may result from participation in the Regatta. Releasers knowingly assume all risks of participation in the Regatta, including all risk of personal injury and loss of or damage to the Releasers or their property, including further injury sustained as the result of the efforts of third parties who come to the aid of Releaser(s) if injured as a result of participation in the Regatta, and release all other persons and entities mentioned above who might otherwise be liable to Releasers. Releasers agree to abide by all rules of the Sponsors and the Host in connection with participation in the Regatta and understand that the failure to observe and obey such rules may result in instant revocation of Releasor’s(s’) right to participate in the Regatta.

Signature of Regatta Participant: _____

Print Name: _____ Date: _____

PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF AGE)

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasers as specified herein.

Signature of Parent/Legal Guardian: _____

Print Name: _____ Date: _____

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TRAVEL FORM

Competitor's Name: _____

ARRIVING BY CAR

Arrival Date: _____ Estimated Arrival Time: _____

- I will be bringing a boat trailer.
- I will NOT be bringing a boat trailer.

List each person you will be driving with: _____

Describe any special arrangements here (e.g., the coach will be driving my boat/trailer while I fly to the event):

Note: If a competitor is driving to the regatta and is not accompanied by a parent or guardian, that car may not be used during the regatta

ARRIVING BY PLANE

- Yes, I will need ground transportation between Providence Airport (T.F. Green) and the Sail Newport Yachting Center.
- No, I don't need ground transportation between Providence Airport (T.F. Green) and the Sail Newport Yachting Center, even though I am flying into and out of Providence Airport (T.F. Green)
- I am flying into another airport. I understand I am responsible for my own ground transportation between the airport and the Sail Newport Yachting Center.

Flight Arrival: Date: ___/___/___ Airport: _____

Arrival Time: _____ Airline & Flight # _____

Flight Departure: Date ___/___/___ Airport: _____

Departure Time: _____ Airline & Flight # _____

IF you will have a cell phone with you, please list the number: _____

See Second Page



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FAMILY, FRIENDS, COACHES and SPECTATORS

Do you anticipate anyone accompanying you (e.g., a parent or coach)? If so, how many and who?

Number of people: _____ Names: _____

Number of people who would like to go out on a spectator boat: _____

Please help us by estimating the number of people on spectator boats each day:

Friday _____ Saturday _____ Sunday _____

Will any of the above people have a private boat on the water? _____

If so, who and what kind of boat? _____

NOTE: Spectator boats can only go on the water on race days, which are July 8, 9 & 10 and will be asked to check in with the regatta registration for instructions and permission before they go on the water. A special flag will be given to those who have checked in. All others will not be allowed near the racing venue.

MISCELLANEOUS

Please clearly write below any special requests or considerations (such as food -vegetarian?), or any other situations you would like us to be aware of:

NOTE: Though your guests are welcome, they will be responsible for their own housing, food and transportation. They must not make contact with the sailors unless authorized by the coaches or the regatta chair. Certain dinner events will be open to family and friends. Further details to come.

This form must be received no later than May 31, 2005

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