

## **NOTICE OF RACE**

### **JOHN PEARL YOUTH REGATTA**

Hosted by the Oklahoma City Boat Club and Lighthouse Youth Sailing

9101 Lake Hefner Parkway, Oklahoma City, OK 73156

Saturday, August 12, 2017

**RULES.** The regatta shall be governed by the ISAF Racing Rules of Sailing for 2017-2020 (RRS), the prescriptions of the US Sailing Association, the rules of each class concerned (except as altered by the Sailing Instructions), the Notice of Race and the Sailing Instructions. The rules for all classes are altered so that membership in a class organization is not required.

**CLASSES.** Bring your own boat or race one of our Lighthouse boats. Optimists, Picos, and Club 420s are available on a first come, first served basis, by reservation only. Lighthouse gives preference to OCBC members and Youth Sailing Program participants for boat assignments. A minimum of three boats is required to form a class.

**ELIGIBILITY.** Open to all youth sailors who are under 18 years of age as of October 31, 2017. Maximum skipper age for the Optimist fleets is 15 years.

**REGISTRATION and ENTRY FEE.** Pre-Registration is encouraged. The Early Entry Fee for a Skipper and Boat is \$15 for registrations submitted by July 29, 2017. There is an additional fee of \$10 for Crew. The entry fee includes breakfast, lunch, and a snack for all registered competitors (skippers and crew). Please send the Registration, Liability Release Agreement and Medical Consent forms and entry fee payment to:

Lighthouse Youth Sailing Program at OCBC  
P. O. Box 20245  
Oklahoma City, OK 73156

The Standard Entry Fee for a Skipper and Boat is \$20 for registrations submitted after July 29<sup>th</sup>. The additional fee for Crew is \$10. Registrations will be accepted until 0900 on the day of the regatta.

**SKIPPER'S MEETING.** The Skippers' Meeting starts at 0900 on Saturday, August 12<sup>th</sup> at the OCBC clubhouse.

**RACES.** Subject to the decisions of the Race Committee (RC), five races may be scheduled. One race constitutes a regatta. No race will be started after 1500 (3 pm).

<b>SCHEDULE.</b>	0800-0900	Registration and Breakfast
	0900	Skippers' Meeting
	1000	Warning Signal for first race; other races to follow
	Between Races	Lunch ( <i>on the water or at the clubhouse, at RC's discretion</i> )
	1500	No warning signal for a race will be given after this time
	One Hour after Last Race	Awards Presentation

**SAILING INSTRUCTIONS.** Will be provided at Registration and at the Skippers' Meeting.

**SCORING.** Appendix A will be used.

**SAFETY.** Competitors must wear PFDs at all times while on the water. PFDs shall be worn outside all clothing.

**PROTESTS:** The CSSA Arbitration protocol will be used for all protests. Filing time is 30 minutes after the RC docks and sounds a signal at the end of racing for the day. Forms will be provided.

**TROPHY PRESENTATION.** First, second, and third place trophies will be awarded for each class of three or more boats. In addition, a child of an OCBC member may be eligible to receive the within-club John Pearl Youth Regatta perpetual trophy, to be presented at OCBC's annual banquet in the fall.

**DIRECTIONS TO OCBC.** From Lake Hefner Pkwy (OK 74): exit west on W Britton; turn south on Pkwy frontage road; turn west into East Wharf parking area; take first left (south) and enter OCBC through gate.

**ACCOMMODATIONS.** Accommodations are by reservation only. All competitors may store boats overnight and competitors from out of town may camp out overnight at OCBC on Friday, August 11<sup>th</sup>, on a first come, first served basis.

**FURTHER INFORMATION.** Contact Michelle Shafer at 580-401-0671 or at [ocbcyouthsailing@gmail.com](mailto:ocbcyouthsailing@gmail.com).

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SKIPPER'S Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Info: Cell # \_\_\_\_\_ Email \_\_\_\_\_

Home Yacht Club: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

BOAT Class \_\_\_\_\_ Sail # \_\_\_\_\_

I (the skipper) certify that my boat conforms to the boat's class rules as to sails, spars, hull measurements, and propulsion.

Skipper, please initial: \_\_\_\_\_ YES \_\_\_\_\_ NO

CREW \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, name \_\_\_\_\_

**PHOTO/VIDEO RELEASE**

Parent/Guardian, please initial below if you *agree* to the following:

\_\_\_\_\_ I give full permission to, and understand that, LCI and/or OCBC may take and use  
(Initial) photos or videos of participants, volunteers, and their families for publicity purposes.

**REGATTA ENTRY FEE** (includes breakfast, lunch, and snack)

Skipper & Boat (Early \$15; Standard \$25) = \$ \_\_\_\_\_

Crew (Early or Standard \$10) = \$ \_\_\_\_\_

**MEAL TICKETS** (includes breakfast, lunch, and snack)

Family/Friends (\$10 per person X \_\_\_\_\_ # of people) = \$ \_\_\_\_\_

**TOTAL** = \$ \_\_\_\_\_

**REGISTRATION CHECKLIST** A complete registration packet includes the following:

- Registration Form
- Liability Release Agreement and Medical Consent Form: Skipper (signed)
- If applicable, a Liability Release Agreement and Medical Consent Form: Crew (signed)
- Regatta Entry Fee payment (please make check payable to *Lighthouse Youth Sailing Program*)

**MAIL** Please mail the entire Registration Packet to: Lighthouse Youth Sailing Program at OCBC  
P. O. Box 20245  
Oklahoma City, OK 73156

**For more information**, contact Michelle Shafer at 580-401-0671 or [ocbcyouthsailing@gmail.com](mailto:ocbcyouthsailing@gmail.com)

**LIABILITY RELEASE AGREEMENT AND MEDICAL CONSENT FORM: SKIPPER**

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**PARTICIPANT'S NAME:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**LIABILITY RELEASE AGREEMENT**

In consideration of my child's registration to participate in the regatta and, recognizing the risks associated with the sport of sailing, the undersigned hereby waives all claims for personal injury and property damage and hereby releases the Oklahoma City Boat Club and Lighthouse Charities, Inc. and all of their directors, officers, members, employees, and the regatta volunteers and sponsors, of and from any and all claims and liabilities of whatever kind, including those of negligence and gross negligence, which I or my child might have, arising out of my child's participation in the regatta and all activities relating thereto.

\_\_\_\_\_  
Signature of Skipper's Parent/Guardian Date

**MEDICAL CONSENT FORM**

**PARENT NAME(S):** \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s): #1 \_\_\_\_\_ #2 \_\_\_\_\_

In the event of accident, injury or illness involving any child of mine (specifically including my child named above as the "Participant") or me or my spouse while in, on, or about the premises of the Oklahoma City Boat Club (OCBC) or while participating in any activity sponsored by or under the auspices of OCBC, or its affiliated organization, Lighthouse Charities, Inc. (LCI), under circumstances where I am physically unable to consent or am not present,

1. I hereby voluntarily authorize and consent to the furnishing to myself, my spouse, or any child of mine of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the assisting adult, OCBC, LCI, and the officers, employees and members of said organizations.

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.

**ALTERNATIVE CONTACT:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s): #1 \_\_\_\_\_ #2 \_\_\_\_\_

**PRIMARY CARE PHYSICIAN:** Name \_\_\_\_\_ Phone # \_\_\_\_\_

**HEALTH INSURANCE:** Attach copy of Health Insurance Card or complete the following:

Insurance Carrier \_\_\_\_\_ Policy/ID # \_\_\_\_\_ Name of Insured \_\_\_\_\_

Verification Phone # \_\_\_\_\_ Claims Mailing Address \_\_\_\_\_

I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers.

\_\_\_\_\_  
Parent/Guardian Signature Date

**LIABILITY RELEASE AGREEMENT AND MEDICAL CONSENT FORM: CREW**

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**PARTICIPANT'S NAME:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**LIABILITY RELEASE AGREEMENT**

In consideration of my child's registration to participate in the regatta and, recognizing the risks associated with the sport of sailing, the undersigned hereby waives all claims for personal injury and property damage and hereby releases the Oklahoma City Boat Club and Lighthouse Charities, Inc. and all of their directors, officers, members, employees, and the regatta volunteers and sponsors, of and from any and all claims and liabilities of whatever kind, including those of negligence and gross negligence, which I or my child might have, arising out of my child's participation in the regatta and all activities relating thereto.

\_\_\_\_\_  
Signature of Crew's Parent/Guardian Date

**MEDICAL CONSENT FORM**

**PARENT NAME(S):** \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s): #1 \_\_\_\_\_ #2 \_\_\_\_\_

In the event of accident, injury or illness involving any child of mine (specifically including my child named above as the "Participant") or me or my spouse while in, on, or about the premises the Oklahoma City Boat Club (OCBC) or while participating in any activity sponsored by or under the auspices of OCBC, or its affiliated organization, Lighthouse Charities, Inc. (LCI), under circumstances where I am physically unable to consent or am not present,

4. I hereby voluntarily authorize and consent to the furnishing to myself, my spouse, or any child of mine of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure.
5. I authorize any adult associated with the activity to consent to such medical care, attention and treatment.
6. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the assisting adult, OCBC, LCI, and the officers, employees and members of said organizations.

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I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers.

\_\_\_\_\_  
Parent/Guardian Signature Date