

HOT CHOCOLATE CLINIC AND REGATTA

Entry Form

Skipper's name _____ Sail Number _____

Parent name _____ Parent contact number _____

Address _____

Emergency Contact _____ Phone _____

Physician _____ Physician's Phone _____

Pertinent medical conditions _____

In consideration of your acceptance of my entry, I hereby agree as follows:

1. I will comply with all applicable Federal, State and local laws, rules and regulation, as well as the Racing Rules of Sailing, including the prescriptions of US Sailing.
2. I hereby release the Santa Barbara Yacht Club, Santa Barbara Sea Shell Association, and Santa Barbara Youth Foundation, and their officers, agents and committee members from any and all liability for injury to myself and my Sabot arising out of your conduct of the race or regatta.
3. I assume any risk of injury arising out of my participation in the race or regatta, failure or breakage of my Sabot or any of its equipment, and weather conditions.

Parent's Signature, for skipper: _____ Date: _____

Entry forms not fully legibly completed may be rejected.