



**Great Harbor Yacht Club  
12<sup>th</sup> Annual Jobson Cup Invitational  
2019 Registration Form**

Skipper/Crew: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sail Number: \_\_\_\_\_ Club: \_\_\_\_\_

Please be sure to fill out the medical form (separate page).

**Entry Fee**

15\$ Per Boat

= \$15

**Total** = \$ \_\_\_\_\_

**Make Checks Payable to Great Harbor Yacht Club or include audit number here:** \_\_\_\_\_

The undersigned hereby acknowledges that yacht racing and sailing are inherently dangerous sports and accepts all risk and responsibility arising therefrom. To the fullest extent permitted by law, the undersigned hereby waives any rights he/she may have for recourse against the race organizers involved with the Regatta (the Nantucket Yacht Club, the Great Harbor Yacht Club, Nantucket Community Sailing, the regatta race committee, protest committee, agents, officials, employees, volunteers, and/or other sponsoring organization or official) with respect to personal injury or property damage suffered by the undersigned and/or his or her crew as a result of participation in the Regatta and the use of the Nantucket Yacht Club facilities, and hereby releases the race organizers from any liability for such injury or damage, and from any loss, cost, or claim arising therefrom.

By signing below, the undersigned agrees to abide by The Racing Rules of Sailing and all other rules that govern this event.

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

**2019 GHYC Youth Medical Consent Form**

Junior Sailor's Name: \_\_\_\_\_

Age: \_\_\_\_\_ School Grade Completed \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Member # \_\_\_\_\_

Summer Address: \_\_\_\_\_

Summer Phone #: \_\_\_\_\_

Cell Phone #(s) : \_\_\_\_\_

Email Address: \_\_\_\_\_

If parent/guardian named above is not available in the event of an emergency, notify:

Name, Relationship, Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

Please check those that apply and provide necessary details:

Chronic ailments:

_____ Asthma or other respiratory	_____ Circulatory
_____ Diabetes	_____ Hemophilia
_____ Epilepsy	_____ Cancer

Allergies:

_____ Bee stings or other insect bites	_____ Foods
_____ Medications	_____ Other

Please explain any checked items above or special conditions (specify injuries, weaknesses, eyeglasses/contacts, hearing aid, hyperactivity, learning/physical disabilities, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Current medication(s) if any: \_\_\_\_\_

\_\_\_\_\_

Health Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Consent:

I \_\_\_\_\_, (Parent/Guardian) authorize the program organizers or their employees, or an adult that bears this document to sanction emergency treatment to the Junior Sailor named above, in the event that a parent or legal guardian cannot be contacted at the time of an emergency. 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsoring GHYC Member name (if applicable):** \_\_\_\_\_

*Please print all three forms and fax to the GHYC Office 508-325-0101 or mail to GHYC 96 Washington Street, Nantucket, MA 02554.*

**WAIVER:** I understand and acknowledge that there are possible dangers involved in sailing and its associated activities. In consideration of the opportunity for my child (hereinafter referred to as the "Junior Sailor") to participate in the sailing program conducted by Great Harbor Yacht Club (GHYC), either with or without instruction, I hereby assume all risks on behalf of the Junior Sailor on land and at sea including: use of the boats, the shore area, the floats and all other facilities of GHYC and other host facilities utilized in the Junior Sailing Program (hereinafter referred to as the "Program"), including host facilities on and off of Nantucket island.

I consent to the participation of the Junior Sailor in all regattas, clinics, and sailing events (hereinafter collectively referred to as "Regattas") which are a part of the Program.

I hereby release and waive all present and future claims against GHYC, its agents, servants, employees, directors, and officers and all members of the Race Committee or any person acting in any capacity for the conduct of the Program for personal injury or otherwise arising from the Junior Sailor's participation in the sailing Program and Regattas. I hereby agree to hold harmless and indemnify GHYC against any and all loss, cost, claim, injury or damage as a result of GHYC activities or facilities, caused by the negligence, or misconduct of, or failure to exercise reasonable care by the Junior Sailor.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to GHYC to copyright and/or publish any and all photographs, videotapes and/or film in which the Junior Sailor appears while attending GHYC events.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_