



# **2014 Middle Atlantic Midget Championships Notice of Race**

**Saturday, Aug. 23 – Sunday Aug. 24, 2014**

**At Monmouth Boat Club, Red Bank NJ**

## **GENERAL RULES**

1. The Middle Atlantic Midget Championship is open to amateurs. Members of each crew may be boys or girls who will not reach their fifteenth birthday during the calendar year in which they compete.
2. All members of each crew must be themselves, or their parents or guardians must be, members of the same yacht club; the club must be a member in good standing in one of the following US SAILING Associations:
  - o Eastern Connecticut Yacht Racing Association,
  - o Hudson River Yacht Racing Association,
  - o Great South Bay Yacht Racing Association,
  - o Eastern Long Island Yacht Racing Association,
  - o North Jersey Yacht Racing Association,
  - o Barnegat Bay Yacht Racing Association,
  - o South Jersey Yacht Racing Association,
  - o Chesapeake Bay Yacht Racing Association.
3. Each Association may enter two boats in each the single handed (Optimist) and double handed (Club 420) classes.

# 2014 Middle Atlantic Midget Championships

DATE: Saturday, August 23 to Sunday, August 24, 2014  
Hosted by: Monmouth Boat Club  
Location: Red Bank New Jersey

## 1. RULES

1.1 The event will be governed by the Racing Rules of Sailing (RRS), the prescriptions of US Sailing, rules of the Club 420 Class Association, rules of the US Optimist Dinghy Association, and the Sailing Instructions.

## 2. ALTERATION OF CLASS RULES

2.1 The Class rules will be used except that RRS 60.1 (a) is changed to prohibit a boat from protesting another boat for an alleged breach of a class rule requiring class membership or imposing a weight limit.

## 3. CLASSES

3.1 Optimist

3.2 Club 420 (including spinnaker and trapeze)

## 4. ELIGIBILITY

4.1 The Middle Atlantic Midget Championship is open to amateurs. Members of each crew may be boys or girls who will not reach their fifteenth birthday during the calendar year in which they compete.

4.2 Each Association may enter two boats in both the Single and Double-Handed Championship.

4.3 All skippers and crew members must be members of the same yacht club or member program and one of the following Yacht Racing or Sailing Associations (who organize this event according to the following rotation schedule):

2014 North Jersey YRA

2015 Barnegat Bay YRA

2016 Chesapeake Bay YRA

2017 YRA of Long Island Sound

2018 Eastern Long Island SA

2019 Eastern Connecticut SA

2020 Middle Atlantic YRA

2021 Great South Bay YRA

4.4 Both crew members of double handed boats must be members of the same club or member program.

4.5 The helmsperson named on the entry shall continue as helmsperson for the series.

4.6 Substitution of an alternate crew in the double handed class shall be approved by the protest committee.

4.7 Competitors are not required to be members of the Club 420 Association or the USODA.

## 5. SCHEDULE OF EVENTS

- Friday, Aug. 22: 17:30 to 20:00 Registration/Check In
- Saturday, Aug. 23: 8:00 to 10:00 Registration/Check In/Breakfast  
10:00 Skippers Meeting  
11:00 Warning Signal for First Race  
Lunches served on water  
Dinner served after racing
- Sunday, Aug. 24: 9:30 Warning Signal for First Race  
11:00 No warning signal after this time  
Snacks and Awards after Racing

## 6. REGISTRATION and FEES

- 6.1 \$60.00 per single handed boat and \$120.00 per double handed boat, payable to NJYRA. Includes lunches, dinner Saturday night, and snacks and awards on Sunday.
- 6.2 Registration at the event.
- 6.3 Notify by email the names of competitors attending to [georgimunger@mac.com](mailto:georgimunger@mac.com)

## 7. OFFICIAL ENTRY FORM LOCATION

- 7.1 attached
- 7.2 Entry forms should be filled out completely, along with an entry check made payable to NJYRA, and brought the day of the event.

## 8. SAILING INSTRUCTIONS

- 8.1 Sailing Instructions will be available at the competitor's meeting.

## 9. SAFETY

- 9.1 All competitors shall wear, while on the water, other than brief periods while adding or removing clothing, an approved PFD (US Coast Guard).
- 9.2 A boat retiring from a race shall notify a Race Committee vessel before leaving the course, or, when that it impossible, a Regatta Office immediately after arrival ashore.

## 10. PRIZES

- 10.1 Prizes will be awarded to the top three finishers in each class.
- 10.2 Perpetual trophies are held by the winners, who are responsible for their safe delivery to the regatta venue the following year.
- 10.3 Middle Atlantic Midget Trophy is awarded to the double handed winner.
- 10.4 Mergenthaler Trophy is awarded to the single handed winner.

# 2014 Middle Atlantic Midget Championships Registration Form

August 23-24, 2014

Registration Fee: \$120 per Double Handed Boat, \$60 per Single Handed Boat

## **Skipper's Information**

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

## **Crew's Information**

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

## **Boat type**

(circle one) Single-Handed (Opti) or Double-Handed (C420)

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

Yacht Club: \_\_\_\_\_

Association Name: \_\_\_\_\_

**RELEASE OF LIABILITY**

In consideration of the undersigned's participation in the Middle Atlantic Midget Championship ("the Regatta") sponsored by North Jersey Yacht Racing Association (collectively, the "Sponsors") and hosted by the Monmouth Boat Club (the "Host") on Aug 23-24, 2014 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 Releaser's(s') right to participate in the Regatta.

Signature of Regatta Participant: \_\_\_\_\_  
Print Name:

**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 Releaser(s) as specified herein.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**MEDICAL CONSENT FORM**

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Each participant must complete and sign a copy of this form. Please fill it out completely. Incomplete forms will not be accepted. *Bring this form to the regatta filled out and signed.*

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 Monmouth Boat Club or while participating in any activity sponsored by or under the auspices of the Monmouth Boat 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 Monmouth Boat 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 Monmouth Boat Club and the officers and members.

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 New Jersey 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

***PLEASE FILL OUT THE REVERSE SIDE***

**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)

<b>CHRONIC AILMENTS:</b>		<b>ALLERGIES:</b>	
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: T \_\_\_\_\_

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.**