

# 2014 MIDDLE ATLANTIC Midget Championships

## 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. No crew or helmsman after participating or being entered in the midget elimination for one US Sailing Association (including a yacht club elimination series) can be a member of the crew for another Association in any one year.
4. A club can enter crews in only one Association or group elimination. Individuals who belong to more than one Club may represent only one yacht club in these races.
5. Each Racing or Sailing Association may send two boats in each class.

**Championships will be sailed at Monmouth Boat Club,  
Saturday Aug 23 – Sunday Aug 24.**

# 2014 NJYRA Midget Eliminations Notice of Race

DATE: Saturday, August 16, 2014  
Hosted by: Rumson Yacht Club  
Location: Rumson Country Club, Rumson NJ

## 1. RULES

1.1 The event will be governed by the Racing Rules of Sailing (RRS)

## 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

## 4. ELIGIBILITY

4.1 The NJYRA Midget Elimination 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 All skippers and crew members must be members of the same yacht club and members of US Sailing; their club must be a member in good standing in US Sailing and NJYRA.

4.3 No crew or helmsman after participating or being entered in the Midget Elimination for one US Sailing Association (including Yacht Club elimination series) can be a member of the crew for another Association in any one year.

**4.4 Sailors intend, if qualifying by finishing in the first or second positions, to attend the Mid Atlantic Championship, held on August 23 and 24 at Monmouth Boat Club, Red Bank NJ.**

## 5. SCHEDULE OF EVENTS

- 5.1 Registration 8:30 to 10:00
- 5.2 Competitor's Meeting: 10:00
- 5.3 Harbor Start 10:30
- 5.4 First Warning Signal: 11:00
- 5.5 Five Races planned, no start after 3:00

## 6. REGISTRATION and FEES

- 6.1. \$10.00 payable to NJYRA
- 6.2 Registration at the event.

## 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 The winner of the Single Handed class will be awarded the NJYRA Perpetual Huntsman Trophy. The winner of the Double Handed class will be awarded the NJYRA Perpetual Sherwood Trophy. In addition, trophies will be awarded for the top three places in each class. All trophies will be presented at the NJYRA Annual Meeting and Awards Event in the fall.

# 2014 NJYRA Midget Eliminations Registration Form

## NJYRA Midget Eliminations

August 16, 2014

Registration Fee: \$10 (You must be a member of an NJYRA Club and cannot turn 15 in this calendar year)

### **Skipper's Information**

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

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

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

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

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

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

### **Crew's Information**

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

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

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

US Sailing Number: \_\_\_\_\_

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

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

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

### **Boat type**

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

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

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

**RELEASE OF LIABILITY**

In consideration of the undersigned’s participation in the NJYRA Midget Eliminations \_\_\_\_\_ (“the Regatta”) sponsored by North Jersey Yacht Racing Association \_\_\_\_\_ (collectively, the “Sponsors”) and hosted by the Rumson Yacht Club (the “Host”) on Aug 16, 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 Rumson Yacht Club or while participating in any activity sponsored by or under the auspices of the Rumson 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 Rumson 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 Rumson Yacht 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)

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: 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.**