

Hobie 16 Youth North American Championship

LAKE QUINAUT, WASHINGTON, JULY 26th-29th



INSTRUCTIONS / CHECKLIST

- ***Renew your HCA Membership before arriving.***
- ***Print, fill out the Registration form and mail/email it before July 12th.***
- ***Enclose a check for the Registration payable to Division 4.***
- ***Fill out the Waiver / Medical forms – one each for skipper and crew***
 - ***Ensure it has the parent's signature – if the youth is under 18 years of age.***
- ***Mail all the forms and checks to:***

***Paul Carter
3416 36th Ave. West
Seattle, WA 98199***

Must be postmarked on or before July 12th to qualify for early registration

Or

- ***Email a scanned signed copy to paulc425@yahoo.com.***
- ***Mail check(s) to:***

***Paul Carter
3416 36th Ave. West
Seattle, WA 98199***
- ***For questions, please call Laura Sullivan – 425-432-7749***

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Registration Form

Helm Name: _____

HCA #: _____ ***Please renew your membership online before arriving.*

Date of Birth: _____ Phone No: _____

Address: _____

E-mail: _____

Parent Name: _____ Phone #: _____

E-mail: _____

Shirt Size: _____

Crew Name: _____

HCA #: _____ ***Please renew your membership online before arriving.*

Date of Birth: _____ Phone No: _____

Address: _____

E-mail: _____

Shirt Size: _____

Parent Name: _____ Phone #: _____

E-mail: _____

Registration: \$150 on or before July 12th \$200 after July 12th \$ _____

Extra Social Packages - *Breakfast and dinner will be provided to each registered participant. Order extra social packages for additional guests or parents only.*

Social Packages \$50 _____ \$ _____

*** Includes Breakfast and Dinner*

Total: Cash _____/Check _____ \$ _____

*** Make Registration checks payable to Division 4*

2015 Medical/Liability Waiver

A completed form, with signed agreements (by parent/legal guardian if participant is under 18) is needed for each participant taking part in the Hobie Youth Wave North American Championship.

Participant Information:

Name		Date of Birth	/ /
Primary Phone	()	Secondary Phone	()
Street Address			
City/State/Zip			
Email			

Medical/Emergency Information:

Emergency Contact Name		Relationship	
Primary Phone	()	Secondary Phone	()
Emergency Contact Name		Relationship	
Primary Phone	()	Secondary Phone	()
Medical Conditions/ Concerns or Learning Disabilities		Medications	

Waiver of Liability Agreement

I recognize sailing and paddle boarding can be hazardous sports that can result in serious injury or death. I accept the risks inherent in sailing and its environment. **If I am signing on behalf of a minor**, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses and claims incurred as a result of participation in or travel to and from any activity of Hobie Wave North American Championship.. I also agree to **release, hold harmless and indemnify** Hobie Class Association, Hobie Class Association Division 4, Sail Sand Point, the City of Seattle, their advisory councils, officers, members, agents, employees, and insurers for any claims brought by the minor for any injury or damage resulting from any cause, including negligence, which arise out of participation in these programs. This release is binding as to any other persons, including family members, heirs, and executors. This release does not apply to gross negligence or intentional acts. I also authorize the program organizers or their employees to sanction emergency treatment if none of the aforementioned named contacts can be reached at the time of an emergency. I also permit the Hobie Class Association and Sail Sand Point to use photos and quotes of the participant in their publications. **My signature below means I have read, understood, and agree to the conditions and responsibilities as outlined in this Agreement.**

Participant's name (print): _____

Signature (Parent/Legal Guardian if under 18):

Date: _____

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Primary Phone	()	Secondary Phone	()
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