

NOTICE OF RACE

CENTRAL STATES SAILING ASSOCIATION YOUTH CIRCUIT REGATTA DOCKRATS REGATTA

Oklahoma City Boat Club, Lake Hefner, Oklahoma City
Saturday, July 28, 2007

RULES. The regatta shall be governed by the ISAF Racing Rules of Sailing for 2005-2008 (RRS), the prescriptions of the United States Sailing Association, the rules of each class concerned (except as altered by the Sailing Instructions), the Notice of Race and the Sailing Instructions. The rules for all classes are altered so that membership in a class organization is not required.

CLASSES. Optimist, Sunfish, Laser (Full and Radial), Club 420, and Others. All classes are "bring your own boat." A minimum of three boats is required to form a class.

ELIGIBILITY. Open to all persons who do not turn 19 years of age during calendar year 2007. Optimists are sailed in two fleets: Green Fleet: Open to all novice sailors; and Red Fleet: Optimist. Maximum Skipper age in Optimist fleets is 15. Membership in a class organization is not required.

REGISTRATION. Pre-registration is encouraged and may be done by sending the attached registration form to: David Bass, 2241 Mission Road, Edmond, OK 73034 *or* dbass@ucok.edu.

Registration at the regatta will be conducted On Saturday, July 28 between 8:30 am and 10:00 am. Execution of a **Liability Release Agreement** as set forth in the Registration Form shall be required. Parents are urged to provide a signed **Medical Consent Form** to enable other adults to obtain emergency medical services.

SAILING INSTRUCTIONS will be provided at the registration and at the Skipper's Meeting. If published in time, they may also be posted on the CSSA website.

ENTRY FEE. Pre-registration Fee is \$15 if received by Wednesday, July 25. After this date, the fee is \$25. Fees include meals for participants. Dinner will be provided to encourage a social hour. Meal tickets are available for non-competitors.

SKIPPER'S MEETING. The Skippers' meeting will be held at 10:30 am on Saturday July 28 at the clubhouse.

RACES. Subject to the decisions of the Race Committee, 5 races are scheduled. If 5 races are complete, there will be a throw out race for scoring purposes. No race will be started after 5:00 p.m.

LIFE JACKETS/PFD'S. All competitors shall be required to wear PFD's at all times while on the water. PFD's shall be worn outside all clothing.

SCHEDULE

Saturday, July 28

0830-1000	Registration at the Club
1030	Skipper's Meeting
1125	Warning Signal for the first race, other races to follow
Between Races	Lunch will be served (<i>at RC discretion</i>)
Following last race	Dinner

TROPHY PRESENTATION. Trophy presentations will be held on Saturday evening after dinner or approximately one hour after the last race or protest hearing is completed. Participation awards will be presented to all competitors.

DIRECTIONS TO THE CLUB. See map on OCBC web site (okcboatclub.com).

FURTHER INFORMATION. Contact David Bass at 2241 Mission Road, Edmond, OK 73034 *or* 405-340-5854 *or* dbass@ucok.edu.

MEDICAL CONSENT FORM

NAME OF PARTICIPANT: _____ **AGE:** _____

NAME OF PARENT/GUARDIAN (printed): _____

HOME ADDRESS: _____

PHONE NO: _____ **CELL PHONE:** _____

In the event of accident, injury or illness involving any child of mine (specifically including my child named above as the "Participant") or me or my spouse while in, on, or about the premises of a Central States Sailing Association ("CSSA") member yacht club (the "Club") or while participating in any activity sponsored by or under the auspices of said Club under circumstances where I am physically unable to consent or am not present,

1. I hereby voluntarily authorize and consent to the furnishing to myself, my spouse, or any child of mine of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the assisting adult, the Club, CSSA and the officers, employees and members of said organizations.

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.

ALTERNATIVE PERSONS TO CONTACT:

NAME	RELATIONSHIP	PHONE NUMBER
------	--------------	--------------

PRIMARY CARE PHYSICIAN:

NAME	PHONE NUMBER
------	--------------

ATTACH COPY OF HEALTH INSURANCE CARD, OR COMPLETE THE FOLLOWING:

HEALTH INSURANCE CARRIER	INSURANCE ID NO.	NAME OF INSURED
--------------------------	------------------	-----------------

PHONE NO. FOR VERIFICATION	CLAIMS MAILING ADDRESS
----------------------------	------------------------

I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers. This consent shall be valid for one (1) year from the date of signing.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____