

**2009 – 2010 CLUB 420 ASSOCIATION  
RACING CLINICS – NOVEMBER '09 – FEBRUARY '10**

**United States Sailing Center - Martin County  
Jensen Beach, Florida**

**SAILOR REGISTRATION FORM**

**BOTH SKIPPER AND CREW** participating in the clinics sponsored by the C420 Assn and the US Sailing Center Martin County that will run between November 7, 2009 and the C420 Midwinter Championship, February 13-15, 2010 must complete this Registration Form and Health Care form.

Circle One: Skipper -OR- Crew

Skipper's Name: \_\_\_\_\_ Crew's Name: \_\_\_\_\_

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

Sailor's e-mail: \_\_\_\_\_ Parent's email: \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Cell # at event (\_\_\_\_) \_\_\_\_\_

Member of Club 420 Association? \_\_\_\_\_  
(If no, please see [www.club420.org](http://www.club420.org) to join)

**WAIVER OF LIABILITY**

We, the parents of the competitor, or, if over 18, the competitor for him or herself, recognize and understand that the Club 420 Association is a not-for-profit organization and agree that the Club 420 Association clinics are not commercial activities. We or I recognize that participation in this regatta is voluntary and that we and our child or, I, take risks including the possibility of injury or death by participating. In consideration of the acceptance of our child's or my entry, we, the parents, for ourselves and for our child, or I, release and waive any and all claims, charges, losses and liabilities including those caused by (1) the negligence of, or (2) arising out of the scoring, results, and selections to any possible teams or trips of the Club 420 Association as well as their respective officers, directors, trustees, contractors, insurers, employees, members, and volunteers, that may arise from or in any way be in connection with the events. We, the parents, or I, understand that we are responsible for the actions of our child or myself while he or she or I is (am) participating both on land and at sea and that we or I are (am) solely responsible for whether or not our child or I participates or sails each day in the weather conditions. We and, for our child, or I agree that we and our child or I are (am) bound by the Racing Rules of Sailing ("RRS"), the Class Rules of the Club 420 Association, and any documents such as a Notice of Race, Sailing Instructions, amendments to them or any other documents published in connection with the events.

**ARBITRATION**

We and, for our child, or I, agree that any legal or equitable effort to challenge this language shall be governed by the process outlined in the RRS, if applicable, or otherwise by the laws of Rhode Island and subject to binding arbitration to be conducted in Providence, RI before the American Arbitration Association. We and, for our child, and I also agree that if this challenge is successful, all subsequent legal or equitable proceedings shall be governed by the process outlined in the RRS, if applicable, or otherwise by the laws of RI and subject to binding arbitration to be conducted in Providence, RI before the American Arbitration Association.

**SAFETY**

We or I warrant that our (my) child's boat is safe and seaworthy and that the boat and competitor will carry all safety equipment and features required by the Club 420 Association and the US Coast Guard.

**USE OF LIKENESS**

We or I grant to the Club 420 Association and the USSCMC the right to use our child's or my name, age and photograph, without compensation, in any press release, web site posting, advertisement, brochure or other medium intended to publicize the Club 420 Association and the USSCMC.

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

Parent or Guardian's signature: \_\_\_\_\_

Sailor's Signature: \_\_\_\_\_

**FEES: \$90 per boat per day if you sign up two weeks in advance. To sign up, please register at www.club420.org -or- www.uscmc.org. The price is \$110 per boat per day if you sign up inside 14 days prior to the clinic. If you cancel with less than three days notice or do not attend after signing up, there will be a \$50 penalty per boat per day missed.**

**CLINICS:**

(Indicate which clinics you plan to attend – you can sign up for additional dates anytime by emailing: Stacy Silvestri at [rmfabstacy@aol.com](mailto:rmfabstacy@aol.com) you only need to fill out the registration form once)

___ November 7-8, 2009	\$90/boat/day	\$ _____
___ November 14-15, 2009	\$90/boat/day	\$ _____
___ November 27-29, 2009 (3 days)	\$90/boat/day	\$ _____
___ December 19-20, 2009	\$90/boat/day	\$ _____
___ January 9-10, 2010	\$90/boat/day	\$ _____
___ January 16-18, 2010 (3 days)	\$90/boat/day	\$ _____
___ February 6-7, 2010	\$90/boat/day	\$ _____

**COACHING:**

___ December 12-13, 2009 USSCMC JO	\$90/boat/day	\$ _____
___ February 13-15, 2010 C420 Mid-Winters	\$90/boat/day	\$ _____

TOTAL: \$ \_\_\_\_\_

**If paying by check, make payable to: USSCMC. Credit card information must be provided even if paying by check – any penalties will be charged to the credit card indicated below.**

Name on Credit Card: \_\_\_\_\_

Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_

I hereby authorize the USSCMC to use the above identified credit card for charges arising from participation in the clinics the USSCMC and Club 420 Assn are sponsoring.

Cardholders signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form, Liability Waiver and Health Care Form to:  
US SAILING Center - Martin County  
Club 420 Racing Clinics  
1955 NE Indian River Dr.  
Jensen Beach, FL 34957  
- or - fax to: 772-334-2997