



LaSalle Mariners Yacht Club

Single and Double Handed Race

Saturday September 14, 2024

REGISTRATION FORM

Class / Make of Boat: _____
 Boat Name: _____
 Sail Number: _____
 Largest Headsail (% Overlap): _____
 Owner / Skipper: _____
 Phone Number: _____ Email: _____
 Insurance Company: _____
 Policy Number: _____
 Club Affiliation: _____

Division Competing In:

Single Handed Rating: _____

Double Handed Rating: _____

There is NO Fee for this event.

Agreement to Assume Risks and Hold Harmless

In Consideration of being permitted to enter this race, all contestants, crew members and guests onboard voluntarily assume the risk of participating in this race as well as pre and post race activities.

Please initial here _____

I agree / certify:

- (a) to hold harmless against loss, the organization and personnel conducting this race;
- (b) to be bound by the Racing Rules of Sailing and by other rules that govern this event;
- (c) the boat is fully insured
- (d) I have read Rule 3 of the Racing Rules of Sailing - Decision to Race.
- (e) All contestants, crew, and guests aboard the boat have read, understood, and signed off on all Concussion Policy documents

Signature: _____ Date: _____

For entry by email, please send: Completed and signed entry form
 Copy of the boat's current PHRF rating certificate
 Proof of insurance

to lmocracing@gmail.com

Entry may also be mailed or dropped off to the race director's box at LMYC.