BAHAMAS OPTIMIST NATIONAL OPEN CHAMPIONSHIP 2022

Friday, September 30th – Sunday, October 2nd,2022

bahamasoptinationals@gmail.com

Organizing Authorities: Nassau Yacht Club The Bahamas Optimist Dinghy Association and Bahamas Sailing Association Nassau, Bahamas







Registration Form

PARTICIPANT'S INFORMATION

Participant First Name				
Participant Last Name				
Date of Birth	Age on Sept. 30, 2022	<u>Gender:</u> □Male □Female		
 Sail Number	Club Affiliatio	on		
$\square Blue Division - 11 of the second $	eptember 2022): 0 and under on the first day of racing (1 st Octoor or 12 on the first day of racing (1 st October, 2 14, or 15 on the first day of racing (1 st Octobe	022)		

Green Fleet

Dietary Restrictions

Clothing Size: Youth Shirt Size Small Medium Large X-Large	Adult Shirt Size Small Medium Large X-Large			
PARENT / GUARDIAN INFORMATION				
Parent / Guardian Full Name				
Parent / Guardian Address				
Home Number	Mobile Number			
Email Address				

FEES

Early Registration – on or before September 15th, 2022	BSD 130.00
Late Registration – on or after September 16th, 2022	BSD 150.00
IODA Membership	USD 5.00

PAYMENT FORM:

The Nassau Yacht Club First Caribbean International Bank – Harbour Bay Branch Account #: 56900518 Branch #: 09766 Ref: Opti Nat 2022 Fees: (Skippers Name)

Medical Consent & Liability Release Agreement

Participant's First Name	Participant	Participant's Last Name	
 Allergies – Food	Allergies – Medication	Allergies – Other	

In the event of accident, injury, or illness involving any child of mine, or any child in my care (specifically including the child named above as "Participant"), or myself, my spouse, or any other member of my family while participating in any activity sponsored by or under the auspices of The Nassau Yacht Club, the Bahamas Optimist Dinghy Association or the Bahamas Sailing Association (which three organizations are collectively referred to as "the said Organizations"), under circumstances where I am physically unable to consent, or am not present, I hereby voluntarily authorize and consent to the furnishing to the Participant, myself, my spouse, or any other member of my family, of such medical care, attention, and treatment by any hospital, clinic, physician or dentist as such hospital, clinic physician, or dentist may deem necessary or advisable, including x-ray examinations, anesthetic, medical or surgical diagnosis, or procedure. I authorize any adult associated with the activity to consent to such medical care, attention, and treatment, 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 said Organizations and their directors, officers, employees, members, and regatta volunteers. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment may be withheld if the undersigned can not be reached.

Primary Care Physician	Phone Number	
Health Insurance Company	Group Number (if applicable)	
Name of Insured	Policy Number	

I agree that a photocopy of this consent, or a photocopy sent by facsimile, or pdf format file sent by e-mail attachment may be accepted by any healthcare provider. This consent shall be valid for one (1) year from the date of signing.

Emergency Information

Emergency Contact's Name

Relationship to Participant

Phone Number

Alternative Number

In consideration of acceptance of the registration of the above "Participant" to participate in the regatta and recognizing the risks associated with the sport of sailing, the undersigned hereby waives all claims for personal injury and property damage and hereby indemnifies the said Organizations and all of their directors, officers, members, employees, regatta volunteers, and sponsors of and from any and all claims and liabilities of whatever kind, including those of negligence, which I or the "Participant" might have, arising out of participation in the regatta and all activities relating thereto.

I have read and agree to these terms.