

NOTICE OF RACE
FLORIDA SAILING ASSOCIATION
2009 SAILING CHAMPIONSHIPS
AND ELIMINATION FOR THE
2009 US SAILING CHAMPIONSHIPS
(BEMIS, SMYTHE, and SEARS TROPHIES)
May 23-24, 2009
DAVIS ISLAND YACHT CLUB

1. RULES:

1.1 The regatta will be governed by the rules as defined in the *Racing Rules of Sailing (RRS)* and the current Championship Conditions and by the sailing instructions.

1.2 The US Sailing Championships are administered by the Chairman and the Area Representative of the US Sailing Championship Committee. Questions concerning the conduct of the elimination series or the interpretation of the Conditions should be referred to: FSA Rear Commodore David Billing, Ph. 727-442-3430 or email david@bauassoc.com.

1.3 The Organizing Authority is U.S. Sailing and the Davis island Yacht Club, 1315 Severn Ave. Tampa, FL. 33606

2. ALTERATION OF CLASS RULES:

The Class rules will be used except that RRS 60.1 (a) is changed to prohibit a boat from protesting another boat for an alleged breach of a class rule requiring class membership or imposing a weight limit.

3. CLASSES:

3.1 Bemis: Double handed, Club 420, bring your own boat.

3.2 Smythe: Single handed, full rig Laser, bring your own boat.

3.3 Sears: Triple handed, Flying Scott 4 boats supplied by DIYC (first come first served, then bring your own)

4. ADVERTISING:

Elimination events as well as the Nationals shall be Category A in accordance with Appendix 1, Regulation 20 - ISAF Advertising Code for all classes except Olympic Classes and any class that has elected to race under Category C in class events.

5. ELIGIBILITY:

5.1 All competitors including alternates:

A. Must have reached their 13th birthday, but not their 19th birthday during the calendar year.

B. Must be a member of US SAILING (a photocopy of US SAILING membership card for skipper and crew(s) must be submitted with the entry).

C. Must be members of the same Yacht Club, Sailing Club or Community Sailing Program (see Championship Conditions 1.3).

D. Club must be a current member, and in good standing with FSA and USSA (Contact Sarah Beth Reeves, Secretary, FSA at (727)-787-2017 for questions).

5.2 No Skipper, after being entered or participating in any yacht club, community sailing or sailing association elimination may be a Skipper for any other Yacht Club, Sailing Club or Community Sailing Program in an association elimination regatta for the same Trophy Championship during the same year except as a substitute under section 2 of the Championship Conditions.

6. SCHEDULE OF EVENTS:

6.1 Saturday,

May 23rd: 8:00 – 9:00 am Registration
9:30 – 10:00 am Competitor’s Meeting
11:00 am 1st Warning Signal
TBA Dinner

6.2 Sunday,

May 24th: 7:30 – 8:30 am Continental Breakfast
9:30 a.m. 1st Warning Signal TBA Awards Presentation

6.3 Number of races

Five (5) races are scheduled for the Bemis and Smythe events of which one (1) shall be completed to constitute a series for both events. There will be no discards.

The number of races in the Sears event will equal the number of teams registered. If there are less than four (4) teams, a double round robin will be sailed.

6.4 Awards will be presented as soon as possible at the conclusion of racing.

7. REGISTRATION:

7.1 An official entry form must be filled out completely; there will be no additional entry fee, the entry fee for the Schools Out Regatta includes this event. Each YC, SC, CSP may enter more than one event. There is no limit on the number of sailors that may want to register from each organization.

7.2 The US Sailing membership number for all competitors must appear on the entry form. If a membership cannot be confirmed in the current directory, membership cards must be presented at the registration table prior to the close of registration on May 23, 2009

8. FEES:

8.1 **Bemis Event** (double handed)

None: Registration must be postmarked by May 5, 2009. If you send an entry in, and do not participate, you will be considered an entry.

8.2 **Smythe event** (single handed)

None; Registration must be postmarked by May 5, 2009. If you send an entry in, and do not participate, you will be considered an entry.

8.3 **Sears event** (triple handed)

No Entry Fee; however there will be an Insurance fee as well as a damage deposit. The entire amount must be paid in advance.

Example:	Insurance Fee @ entry	Damage deposit	Total
	\$75.00	\$250.00	\$75.00+\$250= \$325.00

Please send a check for the full amount of \$75.00, plus the damage deposit fee of \$250.00 made payable to Davis Island Yacht Club. If desired two separate checks can be sent. One check for \$75.00 to cover all fees and a second check for \$250 damage deposit. If no damage is incurred, the \$250 damage will be returned to the entrant. **If you send an entry in, and do not participate, you will be considered an entry.**

9. SAILING INSTRUCTIONS: Sailing Instructions will be available at registration.

10. COURSE: The courses will be described in the sailing instructions.

11. SCORING: The low point scoring system, Appendix A as modified by the Sailing Instructions and Championship Conditions, will apply. Each boat's score will be the total of her scores in all races.

12. PRIZES: Will be provided by FSA.

13. FURTHER INFORMATION: mwd571@tampabay.rr.com or 813-949-4840 Mike Dawson, FSA Commodore, or David Billing, FSA Rear Commodore at 727-442-3430, david@bauassoc.com

14. SAFETY:

14.1 All competitors in US SAILING Championships, at all levels, shall wear, while on the water, other than brief periods while adding or removing clothing, an approved PFD (US Coast Guard or Canadian), except where ORC regulations apply.

14.2 A boat retiring from a race shall notify a Race Committee vessel before leaving the course, or, when that is impossible, the Regatta Office immediately after arrival ashore.

15. ADVANCEMENT:

The top two teams in the Smythe and Bemis and the top team from the Sears will have the opportunity to advance to the Area D championship in Charleston, SC on July 10-12.

US SAILING
PO Box 1260
Portsmouth, RI 02871
Bus: (401) 683-0800
Fax: (401) 683-0840

MEDICAL CONSENT FORM

Skippers and crews must *each* complete and sign separate copies of this form. Please fill it out completely. Incomplete forms will not be accepted.

NAME OF PARTICIPANT: _____

NAME OF PARENT OR GUARDIAN: _____

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named below as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the Davis Island Yacht Club or while participating in any activity sponsored by or under the auspices of the Davis Island Yacht Club under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize the General Manager, Assistant General Manager or any officer or member of the Davis Island Yacht Club to consent to such medical care, attention or treatment.
3. I agree to pay all costs 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 Davis Island Yacht Club, the United States Sailing Association and the officers and members of each.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed by the State of Florida or of any hospital holding a current operating certificate issued by the State Department of Health and Family Services. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. 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.

Parent/Guardian Signature: _____ Date: _____

IN CASE OF EMERGENCY CALL:

NAME	RELATIONSHIP	PHONE NUMBER

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

PLEASE FILL OUT THE REVERSE SIDE

MEDICAL AND EMERGENCY INFORMATION

Competitor's name: _____ Male ____ or Female ____

Address: _____

City/State/Zip: _____

Telephone _____ (home) _____ (cell) Date of Birth: _____

THE PARTICIPANT AND HIS OR HER PARENT(S) MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:	ALLERGIES:
ASTHMA, OR OTHER RESPIRATORY PROBLEMS	MEDICATION
DIABETES OR HYPOGLYCEMIA	BEE STINGS/INSECT BITES
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	FOODS
CIRCULATORY OR HEART PROBLEMS	OTHERS
EPILEPSY	

DATE OF LAST TETANUS SHOT: _____ BLOOD TYPE: _____

CURRENT MEDICATIONS IF ANY: _____

DETAILS: _____

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION

Quarter and Semi Final Registration Form

2009 Chubb U.S. Junior _____ Championship

ASSOCIATION and AREA _____

RSA/ AREA _____

Complete in full. Incomplete or illegible entry forms will not be accepted. Individual or family membership in US SAILING is required for all competitors at all levels. Registration for the finals will be online only.

SKIPPER

Name _____ Day Phone # _____ Home _____

Address _____ City _____ ST _____ Zip _____

Member of (club) _____ Birthdate _____ US SAILING # _____

RSA _____ RSA membership# _____

E-mail address: _____

CREW

Name _____ Day Phone # _____ Home _____

Address _____ City _____ ST _____ Zip _____

Member of (club) _____ Birthdate _____ US SAILING # _____

RSA _____ RSA membership# _____

CREW

Name _____ Day Phone # _____ Home _____

Address _____ City _____ ST _____ Zip _____

Member of (club) _____ Birthdate _____ US SAILING # _____

RSA _____ RSA membership# _____

ALTERNATE (Need not be named until after Area eliminations--see Conditions)

Name _____ Day Phone # _____ Home _____

Address _____ City _____ ST _____ Zip _____

Member of (club) _____ Birthdate _____ US SAILING # _____

RSA _____ RSA membership# _____

Skipper: Obtain the signature of your Club Officer prior to registration for the event:

The following must be completed by a Flag Officer of the skipper's yacht club.

I certify that the skipper (and crew if applicable) is/ are a member of _____

_____ (Club), which is a member of US SAILING, Membership No: _____

City: _____ State: _____ Phone: _____ Fax: _____

Officer: _____ Title: _____ Date: _____

2009 Chubb U. S. Junior _____ Championship

Association Event Chair: _____

Location of Event: _____

On the winner's registration form, enter the results below and get the RC Chair or Chief Judge's signature.

QUARTER FINAL

Finish Position	Skipper's Name	Club Affiliation
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

Total number of entries, if more than six: _____

The crew named on the front of this form was the winner of the Association Championship. The clubs to which the individual crews belong are members of US SAILING.

Date _____ By _____
(Signature of Race Committee Chair or Chief Judge)