## **2024 WMYSA REGATTA ENTRY FORM**

## THIS FORM MUST BE SIGNED BY A LEGAL GUARDIAN UNLESS THE SAILOR IS 18 YEARS OLD

(circle the fleet you will sa	nil in)			
OPTI GREEN OPTI RWB BUTTERFLY		ATTENTION COACHES: Please make sure you do not have any identical sail numbers among your sailors! Any differentiation must be done with more than just black electrical tape!		
				LASER 4.7 (ILCA 4)
LASER RADIAL (ILCA 6)				
LASER FULL (ILCA	7)			
CLUB 420 JIB & MAI	N			
CLUB 420 SPINNAK	ER			
SAIL NUMBER (please include any other un	ique traits such as sail letters, sail cold	or or hull color)		
SAILOR'S NAME _		<del></del>	AGE	
ADDRESS _		· · · · · · · · · · · · · · · · · · ·		
CITY _		· · · · · · · · · · · · · · · · · · ·		
STATE ZIP				
PHONE NUMBER _		· · · · · · · · · · · · · · · · · · ·		
CREW NAME IF APP	PLICABLE			
SAILING CLUB _				
EMERGENCY CONT	ACT			
EMERGENCY PHON	IE#			
(please make sure you have	a signed Concussion Form on file with	n your home sailing	club or program)	
DISCLAIMER OF LIA Competitors participa	ABILITY. te in the regatta at their own	risk.		
of the parent(s) of the sailor	onsible for the safety of the sailor who i to decide if the sailor should sail in the y attending any part of the event must eir sailor.	weather and sea co	onditions that might arise during the	•
responsibility whatsoever for during, or after the regatta th	I all parties involved with the organizations, damage, injury, inconvenience, on the might occur to persons and goods, wered by these sailing instructions.	or death sustained i	n conjunction with or prior to,	
Signature of parent or guardian			date	