YACHT RACING ASSOCIATION of LONG ISLAND SOUND
IMS, PHRF & One-Design Championships
August 28 & 29, 2004

REGISTRATION FORM

Category: ☐ **One-design** ☐ **PHRF spin** ☐ **PHRF n/s** ☐ **IMS** ☐ **Level-racing aux.**

Skipper's Name _____ **US Sailing Member #** _____

☐ **Current YRALIS member** ☐ **YRALIS membership application and fee enclosed**

Street Address_____ **City/Town**_____ **State**_____ **ZIP**_____

Home Phone _____ **Day Phone** _____ **E-mail**_____

Boat Name _____ **Class or Builder**_____ **LOA**_____

Sail Number _____ **Topside color** _____

Number of sailors aboard _____ **Number planning to come to parties: [Sat]**_____ **[Sun]** _____

Amount enclosed $_____ **(Make checks payable to Cedar Point YC)**

In consideration of this entry acceptance, I hereby agree that the safety of my yacht and crew, and the decision whether or not to start or continue to race is my responsibility, and not that of any person sponsoring or undertaking such race activity. I hereby waive all claims, which I may have against the YRAofLIS, American Yacht Club, Cedar Point Yacht Club, Riverside Yacht Club, Stamford Yacht Club, event sponsors and their respective officers, directors, members, committees, employees or agents arising out of or in any way connected with my participation in this race or related activity sponsored or undertaken by any of them. I will inform my insurance underwriter of this waiver and inform all crew members of any yacht which I shall sail in any such race or activity of their responsibilities for safety. I agree that this waiver is binding on my heirs, representatives, successors, and assigns.

SIGNATURE _____ **YC:** _____ **DATE** _____

Send registration form, along with entry fee to Registration Chair, Cedar Point YC, Bluff Point, Westport, CT 06880. Include YRALIS member application & dues, as required.