

## Notice of Race

# PCISA 2005-2006 Pacific Coast Single-handed Championships Qualifier for the High School Single-handed Nationals - Cressy Trophy

## LASER RADIAL

**October 1-2, 2005**

**Host:** PCISA and the Pacific Coast Sailing Foundation/United States Sailing Center – Long Beach, CA.

**Site:** U.S. Sailing Center                      562-434-7939 Phone  
5489 E. Ocean Blvd.                      562-433-3668 Fax  
Long Beach, CA 90803-4405

**Boats:** The regatta will be sailed in Laser Radials.  
Each competitor must provide their own class legal boat.

**Entry Fee:** \$15.00 per competitor. Due before the Skippers Meeting on October 1, 2004.

<b>Schedule:</b>	Saturday, October 1, 2005	Sunday, October 2, 2005
	0930 Reporting Time	0930 Report Time
	1030 Skipper's Meeting	1130 Racing Begins
	1130 First Warning	1600 No Warning After This Time

**Rules:** The regatta will be governed by the 2005-2008 Racing Rules of Sailing, the prescriptions of US SAILING; the 2005-2008 ISSA Procedural Rules (as modified by the PCISA); this notice of race and by the Sailing Instructions, all of which supplement or modify the former.

**Entries/Eligibility:** All Registered PCISA Member Schools are welcome. Each school may enter as many boats as desired by completing the entry form(s) and Release of Liability Form (signed by Parent or Guardian) attached.

**Entries must be mailed (postmarked) or faxed to the US Sailing Center by September 28 @ 5pm.**

**Format:** This will be a non-rotational regatta. The boat brought will be the boat sailed in all races. This changes ISSA Rule 7.6(a).

**Racing Area/Spectating/Coaching:** Races will be held adjacent to the Belmont Pier. There should be excellent spectating from the Pier.

**Parking/Boat Storage:** Boat, trailer and parking space will be limited. Please maximize efficiency by loading trailers full (trailer pooling), bring dollies for each boat and car pool as much as possible.

**Safety:** US Coast Guard approved PFDs (Type 3, minimum) shall be worn at all times on the water.

**Information:** For more information, please contact Mike Segerblom via email ([mikesego@collegesailing.org](mailto:mikesego@collegesailing.org)) or 562-433-7939.

**There are several other activities going on at the U.S. Sailing Center during this weekend. Please be organized and cooperative!**

**Entry Form for PCISA Laser Radial Singlehanded Nationals Qualifier  
October 1-2, 2005**

Sailor: \_\_\_\_\_ Sail # \_\_\_\_\_ Radial

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_

**Return to:** US Sailing Center 5489 E. Ocean Blvd, Long Beach, CA 90803-4405  
Phone: (562) 433-7939 Fax: (562) 433-3668

**Entries must be faxed or mailed (postmarked) to the US Sailing Center by September 28, 2005.  
Entry fee is due before the skippers meeting on October 1, 2005.  
Please make checks payable to: PCSF (Pacific Coast Sailing Foundation)**

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# United States Sailing Center Long Beach, California

5489 East Ocean Boulevard, Long Beach, CA 90803  
Tel.: (562) 433-7939 ♦ Fax: (562) 433-3668  
[www.usclub.org](http://www.usclub.org)

## AGREEMENT AND RELEASE FROM LIABILITY

### 1. VOLUNTARY PARTICIPATION

I acknowledge that I have voluntarily agreed to participate in an event at the Pacific Coast Sailing Foundation facility involving the use of a sailboat and/or a powerboat.

### 2. ASSUMPTION OF RISK

**I AM AWARE THAT MOVING, LAUNCHING, HOISTING, LOWERING, SKIPPERING, CREWING OR BEING A PASSENGER ABOARD A SAILBOAT OR A POWERBOAT AT THE US SAILING CENTER – LONG BEACH, CA AND IN THE WATERS OF ALAMITOS BAY OR THE PACIFIC OCEAN IN THE LONG BEACH AREA ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED. I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_**

### 3. RELEASE

As consideration for being permitted by Pacific Coast Sailing Foundation (PCSF) to participate in this activity and to use its facility and equipment furnished by PCSF or others, I agree that my heirs, assigns, distributees, guardians and representatives and I release PCSF and the City of Long Beach (the City) and all of their affiliated organizations and their officers, directors, employees, members and volunteers (collectively, the Releasees) from all actions, claims or demands that I, my heirs, assigns, distributees, guardians and representatives now have or may hereafter have for injury, death or damage resulting from my participation in this activity. I, my heirs, assigns, distributees, guardians and representatives will not make any claims against or sue the Releasees or any of them for injury, death or damage resulting from the negligence or other acts, howsoever caused by any employee, agent or contractor of PCSF, the City or any of their affiliated organizations as a result of my participation in this activity.

### 4. KNOWING AND VOLUNTARY SIGNING OF THIS DOCUMENT

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PCSF, THE CITY AND THEIR AFFILIATED ORGANIZATIONS, AND MYSELF. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_

\_\_\_\_\_  
Address

(Over)

## DECLARATION OF WITNESS

I certify that \_\_\_\_\_ acknowledged in my presence that he/she has read and fully understands the meaning and consequences of the foregoing release, and has signed it in my presence.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address

## AGREEMENT AND RELEASE OF PARENT OR GUARDIAN (In the event the participant is not 18 years old or older)

I am the parent or legal guardian of \_\_\_\_\_

I request that my child be permitted to participate in the manner described above. In consideration of such permission being granted, I agree to all of the terms and conditions of the preceding page.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address