

**NOTICE OF RACE**  
**2008 PCISA HIGH SCHOOL DOUBLEHANDED CHAMPIONSHIP**  
**For the WAKEMAN TROPHY**

**Hosted by Bay Area Youth Sailing (BAYS)**  
**&**  
**Pacific Coast Interscholastic Sailing Association**

**April 19-20, 2008**

**HOST VENUE**

Treasure Island Sailing Center (TISC)

Phone: (415) 421-2225

Organizing Body: Bay Area Youth Sailing (BAYS)

Contact: Steve Grove, BAYS Secretary

Phone: (925) 283-3182, Fax: (925) 283-9781

Email [sgrove01@pacbell.net](mailto:sgrove01@pacbell.net)

**1. RULES**

The regatta will be governed by the revised 2005-2008 Racing Rules of Sailing, the prescriptions of US SAILING, the ISSA Procedural Rules, the PCISA Supplemental Rules, this Notice of Race (except as changed by the Sailing Instructions), and the Sailing Instructions. The regatta is classified as a Category A event.

**2. ELIGIBILITY**

2.1 A team is comprised of a minimum of 4, and a maximum of 8, sailors who MUST attend the same high school in grades 9-12. Teams must be accompanied by a designated adult Team-Leader Chaperone, who may be an advisor, coach or parent and must be recognized by the school.

2.2 Selection of competing schools for the PCC'S will be in accordance with the Supplemental Rules for the PCISA 2006/2007. The regatta has 22 berths (20-CA, 2-HI). Final event qualification decisions will be administered by the PCISA Executive Committee.

2.3 Each team must be a current member of ISSA and the PCISA.

2.4 Only one team per school may compete (No JV Teams) and all teams must compete in both divisions (A & B).

**3. ENTRY AND COMMUNICATIONS**

3.1 Eligible schools must e-mail their intent to compete to the Regatta Contact (Steve Grove) no later than midnight on April 7, 2008. The e-mail address for intent to compete is: [sgrove01@pacbell.net](mailto:sgrove01@pacbell.net)

3.2 Schools intending to compete must then submit completed Entry Form (1 per team) and Waiver Forms (2 per competitor - see provision 3.3), along with fee payment, by mail to the Regatta Contact with a postmark no later than April 11, 2008. Entries not postmarked by April 11 will be relinquished to the next eligible school. Mail forms to: Steve Grove, BAYS Secretary, 3687 Happy Valley Rd, Lafayette, CA 94549. Contact # is (925) 283-3182. PCISA membership will be verified upon receipt.

3.3 Two waiver forms - an *Agreement and Release from Liability* and a *Medical Consent Form* must be completed for each competitor, and mailed along with the entry form and fee payment. Blank forms are attached to this NOR.

#### **4. ENTRY FEE**

There will be an entry fee of \$30.00 per sailor (maximum of 8 sailors per team) – **checks payable to BAYS**. The fee includes boat charter, sails, prizes, continental breakfast and lunch each day, snacks after racing, and a regatta t-shirt for each paid competitor. Additional lunches (\$6) may be ordered with the entry form. (**Note: dining options on Treasure Island are very limited, so coaches, parents and guests should consider reserving extra lunches using the Entry Form...extra lunches will not be on hand if not ordered ahead. One option on TI is the "Crossroads Cafe," located in the Treasure Island Marina parking lot outside the Treasure Island front gate. Open Saturday 8 a.m. to 3 p.m , but closed Sundays).**)

#### **5. BOATS**

Do not bring your own boats. cFJs and PCISA Sails will be provided by the BAYS member clubs & PCISA, respectively.

#### **6. BOAT DAMAGE DEPOSIT**

A boat damage deposit is not required, but sailors and teams are responsible for any damage they cause while sailing in borrowed boats.

#### **7. SCHEDULE**

##### Friday, April 18, 2008

1300-1700 Practice (optional)

Boats can be arranged through the regatta committee (contact Steve Grove), but teams wishing to practice must provide their own sails

##### Saturday, April 19, 2008

0830 – 0945 Rigging of Boats and Final Registration

1000 Sailor's Meeting - MANDATORY

1030 Leave dock

1045 First Warning. Racing will continue throughout the day

1230-1330 Lunch will be served between rotations in Registration Area

##### Sunday, April 20, 2008

0830 - 0915 Rigging of Boats

0930 Sailor's Meeting - MANDATORY.

1000 Leave dock.

1015 First Warning. Racing will continue throughout the day.

1230-1330 Lunch will be served between rotations in Registration Area

1600 No race will be started after this time.

1700 Trophy Presentation

Note: All times are approximate. Changes will be posted on the Notice Board.

#### **8. RACING AREA**

The Racing Area will be in Clipper Cove, with rotations made from the TISC floating dock. Team members, coaches and spectators will be able to watch the racing from the TISC.

#### **9. COURSES/FORMAT**

Based on conditions, the Race Committee will determine the courses. Short college style courses will be used. A complete "Round Robin" will be attempted using the "Navy Special" format (Race 2 races in a division and then rotate boats and divisions). Races may run late on Saturday.

## **10. SCORING**

The regatta will be scored using ISSA Procedural rules.

## **11. HOUSING**

Teams are responsible for their own housing. A list of nearby hotels is attached.

## **12. COACHING**

Team-leaders, chaperones, advisors, coaches and other support personnel shall not have any contact with the competitors while afloat in the sailing area from April 19 through April 20, 2008 unless with the permission of the Race Committee. All coaching, crew rotation, exchange of clothing/food/drink and communication shall only occur on docks at the TI Sailing Center. The penalty for failing to comply with this requirement may be the disqualification of all boats, competitors and teams associated with the infringing support personnel.

## **13. PRIZES**

Prizes will be awarded to schools placing 1st, 2nd, 3rd, 4th and 5th and to skippers and crews placing 1st in each division. Additionally, in accordance with the PCISA Supplemental Rules, scores/placing from this regatta will be used to determine the PCISA Qualifiers for the ISSA Mallory (Double-handed) Nationals. The winner's name will be placed on the William Wakeman Perpetual Trophy.

## **14. JUDGING/PROTEST**

Judges or observers may be on the water. They will act in accordance with ISSA Procedural Rules, Appendix 4. Judges may use the "Yellow flag rule". Clarification will be provided in the SI's. Protests will be handled in accordance with ISSA Procedural Rules as amended by PCISA. Jury will hear protests on the water or in a designated location determined by the Race Committee.

## **15. OFFICIAL NOTICE FOR ALL PARTICIPANTS:**

No contestant shall use, either on or off the water, alcoholic beverages (beer, wine, distilled spirits), or use any controlled substance (marijuana, cocaine, etc.), the possession of which is unlawful. Infringements of this regulation and/or other discipline expectations occurring during April 18, 19 or 20, 2008 may be the basis for disciplinary action. Discipline problems and this regulation's enforcement will be handled promptly by an adult Discipline Hearing Board which will consist of three adult members; the Regatta Chairperson, a PCISA Officer and the Chief Judge. Said Board shall, at a time and method selected by them, meet to hear said problem and their decision to impose scoring penalties, or other sanctions they alone deem appropriate, including summary removal from the entire regatta, shall be final without appeal permitted.

## **16. REGATTA CONTACTS**

Registration & Communications: Steve Grove

Phone: (925) 283-3182, Fax: (925) 283-9781

Email: [sgrove01@pacbell.net](mailto:sgrove01@pacbell.net)

Address: 3687 Happy Valley Road, Lafayette, CA, 94549

## **17. ADDITIONAL INFORMATION**

Directions to TISC and a local hotel list is attached.

## **Directions to Treasure Island Sailing Center (TISC):**

### **From San Francisco or points on the west side of San Francisco Bay:**

Take I-80 East to the Bay Bridge. Treasure Island is a left exit at the end of the San Francisco side span. The exit road will merge onto the road that runs down the west side of Yerba Buena Island (overlooking San Francisco to the west and Clipper Cove to the east). Continue down the hill until you reach the gate that guards the entrance to Treasure Island. Continue through the gate and take your first right onto California Ave.

As you proceed down California, you will see several large buildings on your right. After the last building, turn right on Avenue "I". Drive straight (south) along the building to the facility

### **From Oakland or points on the east side of San Francisco Bay:**

Take I-80 west to the Bay Bridge. After the toll booths, merge into the far left lane. The exit for Yerba Buena/Treasure Island is a left exit at the end of the Oakland side span. Follow the exit road around to the west side of Yerba Buena Island. At the stop sign, merge onto the road that takes you down to the gates of Treasure Island. Continue through the gate and take your first right onto California Ave.

As you proceed down California, you will see several large buildings on your right. After the last building, turn right on Avenue "I". Drive straight (south) along the building to the facility.

## **Nearby Hotels**

- Courtyard by Marriott: 5555 Shellmound St, Emeryville, CA, (510) 652-8777
- Four Points By Sheraton San Francisco Bay Bridge: 1603 Powell Street, Emeryville, CA, (510)547-7888
- Woodfin Suites Hotel: 5800 Shellmound Street, Emeryville, CA, (510) 601-5880
- Holiday Inn San Francisco Oakland Bay Bridge: 1800 Powell Street, Emeryville, CA, (510)658-9300

There are also plenty of hotels on the San Francisco side of the Bay Bridge.

# 2008 Pacific Coast High School Double Handed Championship

Hosted By Bay Area Youth Sailing (BAYS) and PCISA  
At the Treasure Island Sailing Center

APRIL 19 – 20, 2008

## Official Entry Form (One per Team)

<b>School:</b>	
Team Captain/Coach/Contact:	
Address:	
City/State/Zip:	
Phone #:	Fax #:
E-mail:	

*Please write clearly, this information will be used for setting up the scoring program.*

Sailor Name	HS Grad Year	A or B Division	Position (Skipper or crew)
1			
2			
3			
4			
5			
6			
7			
8			

**Coach Name** (if applicable):

<b>Fees</b>	
Entry Fees @ \$30 per sailor .....	\$
Extra Lunches for coaches/parents:	
# needed Saturday @ \$6/lunch .....	\$
# needed Sunday @ \$6/lunch .....	\$
Payment by <u>check only</u> , payable: <b>BAYS</b>	<b>Total</b>
	\$

I agree to comply with all rules and regulations of the Treasure Island Sailing Center (TISC), BAYS, US SAILING, PCISA/ISSA Procedural Rules, and other rules under which this race or series is sailed, and I agree to indemnify and hold BAYS, its Officers, Directors and members harmless of any liability of any nature whatsoever for accident or injury to myself, my crew, my guests and/or my boat, while racing or engaging in any activities related to or connected therewith.

I certify that all members of my team, including myself, are able to swim.  
I further agree not to sail in hazardous conflict with commercial shipping.

<b>Signature</b>	<b>Name Printed:</b>	<b>Date</b>
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<b>Return to:</b>	
Bay Area Youth Sailing, c/o Steve Grove	
3687 Happy Valley Road, Lafayette, CA 94549	
Phone: (925) 283-3182	Fax: (925) 283-9781

**AGREEMENT AND RELEASE FROM LIABILITY**  
**(\*\*one form per sailor\*\*)**

**1. VOLUNTARY PARTICIPATION**

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

**2. ASSUMPTION OF RISK**

**I AM AWARE THAT MOVING, LAUNCHING, HOISTING, LOWERING, SKIPPING, CREWING OR BEING A PASSENGER ABOARD A SAILBOAT OR A POWERBOAT AT THE TREASURE ISLAND SAILING CENTER, SAN FRANCISCO, CA AND IN THE WATERS OF THE SAN FRANCISCO BAY AND VICINITY 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 Bay Area Youth Sailing (BAYS) and the Treasure Island Sailing Center (TISC) to participate in this activity and to use its facility and equipment furnished by BAYS, TISC or others, I agree that my heirs, assigns, distributees, guardians and representatives and I release BAYS, TISC, the U.S. Navy, the City of San Francisco (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 BAYS, TISC, the US Navy, 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 (\*\*Adult Participants, 18 or older\*\*)**

**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 BAYS, TISC, THE CITY AND THEIR AFFILIATED ORGANIZATIONS, AND MYSELF. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.**

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

Signature: \_\_\_\_\_

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

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

**5. AGREEMENT AND RELEASE OF PARENT OR GUARDIAN  
(If 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONSENT FORM**  
**(\*\*one form per sailor\*\*)**

*Only COMPLETELY FILLED IN forms will be accepted.*

NAME OF PARTICIPANT (printed): \_\_\_\_\_

NAME OF PARENT OR GUARDIAN (printed): \_\_\_\_\_

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 Treasure Island Sailing Center (TISC), or while participating in any activity sponsored by or under the auspices of the TISC, Bay Area Youth Sailing (BAYS) or the Pacific Coast Interscholastic Sailing Association (PCISA) 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 any officer or member of the TISC, BAYS, or PCISA to consent to such medical care, attention or treatment.
3. 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 USSC, PCSF, and the United States Sailing Association and its officers and members thereof.
4. 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 under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. 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.

**IN CASE OF EMERGENCY CALL:**

Name	Relationship	Phone Number

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:**

Name	Phone Number	Date of last Exam

Insurance Carrier	Policy Number	Policy Holder's Name	Policy Holder's Date of Birth
Insurance Carrier Address	Insurance Carrier Phone #	Policy Holder's Relation to Participant	Policy Holder Phone #

**MEDICAL AND EMERGENCY INFORMATION**

NAME: \_\_\_\_\_ SEX \_\_\_\_ (M) \_\_\_\_ (F)

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (H) \_\_\_\_\_ (W) Date of Birth \_\_\_\_\_

THE PARTICANT AND HIS OR HER PARENTS 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, if significant	
Epilepsy			

DETAILS: \_\_\_\_\_  
 \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

CURRENT MEDICATIONS IF ANY: \_\_\_\_\_

DOES THE ABOVE NAMED INDIVIDUAL HAVE ANY MEDICAL CONDITION THAT MAY AFFECT PARTICIPATION IN ACTIVITIES AT THE TISC? IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_