

NOTICE OF RACE
PCISA HIGH SCHOOL TEAM RACING
CHAMPIONSHIP and Qualifier
for the
TOBY BAKER TROPHY
Newport Sea Base
April 26-27, 2008

1. RULES:

- 1.1. The regatta will be governed by the Racing Rules of Sailing 2005-2008, including Appendix D, the prescriptions of US SAILING, the ISSA Procedural Rules, the PCISA Supplemental Rules, the CFJ Class Rules, this Notice of Race and the Sailing Instructions.
- 1.2. PCISA is the Organizing Authority.
- 1.3. Class rules regarding membership and crew weight shall not apply.
- 1.4. Races will be umpired. D2.3 (b), Races with Limited Umpiring, shall apply.
- 1.5. Competitors shall wear USCG approved personal flotation devices while on the dock at the Newport Sea Base and, except when briefly adding or removing clothing, while afloat. This changes RRS 40.1.
- 1.6. The Sailing Instructions will be provided at on-site registration.

2. ELIGIBILITY:

- 2.1. Competing schools must be members of PCISA and meet ISSA eligibility rules as prescribed in the Procedural Rules.
- 2.2. Teams must be accompanied by a designated adult team leader, who may be an advisor, coach or parent recognized by the school.

3. ENTRY:

- 3.1. Eligible schools and sailors may enter by submitting an official entry form, which must be received by April 21, 2008. The entry fee is \$150 per team (payable to CDM Sailing), which is due before registration. Send all forms and checks to:

Scott Mason
178 Shorecliff Road
Corona del Mar, CA 92625
Fax: (949) 644-7410

- 3.2. All competitors shall submit the medical release that is part of the entry form.

5. DAMAGE DEPOSIT:

- 5.1. A damage deposit of \$200.00 must be submitted with each entry. This is refundable if the boat and gear are returned undamaged. In the event damage cannot be attributed to a particular team, the repair costs will be divided evenly amongst all the competing teams.
- 5.2. Make checks payable to "CDM Sailing".

6. BOATS:

- 6.1. CFJ's will be provided by the Organizing Authority.
- 6.2 Sails will be provided by PCISA (sail use fee included in entry).
- 6.2. Boats shall be sailed as provided, and the standing rigging shall not be adjusted.

7. SCHEDULE:

Friday, April 25, 2008

1500-1800 Registration at Newport Sea Base. Competitors must have completed registration to get a boat for practice. Boats are available for practice on a first-come-first-serve basis. Each team is limited to 3 boats and 90 minutes practice time.

Saturday, April 26, 2008

0830 – 0930 Check-in and rig boats.

0930 Competitors Briefing – MANDATORY.

Starting time for first race will be announced at Competitors Briefing and sailing will continue throughout the day. Umpire Debrief and Snacks will follow sailing ashore.

Sunday, May 25, 2008

0830-0930 Check-in and rig boats.

0930 Competitors Briefing – MANDATORY.

Starting time for first race will be announced at Competitors Briefing and sailing will continue throughout the day. Umpire Debrief and Snacks will follow sailing ashore.

1600 NO RACE will be started after this time.

1700 Awards Presentation.

Any changes to the schedule will be posted on the Official Notice Board located at the Newport Sea Base.

8. RACING AREA:

All races will be sailed on Newport Bay.

9. COURSES:

The course will be any variation of the Digital N or Triangle course.

10. SCORING & FORMAT:

10.1. The regatta will be scored in accordance RRS Appendix D, as modified by the ISSA Procedural Rules.

10.2 The regatta format and number of races will be provided in the Sailing Instructions.

13. COACHING:

Team leaders, chaperones, coaches, parents, advisors and other support personnel shall not go afloat in the sailing area from the end of practice sessions Friday to the end of racing Sunday UNLESS explicitly permitted by the regatta chairperson. 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.

14. PRIZES:

Prizes will be awarded to schools placing 1st, 2nd and 3rd in the regatta. The top three teams qualify to sail in the ISSA Baker Team Race Championship.

15. OFFICIAL NOTICE:

No contestant shall use, either on or off the water, alcoholic beverages (beer, wine, or distilled spirits), or any controlled substance (Marijuana, cocaine, etc.), the possession of which is unlawful. Infringement of this regulation and/or other off water discipline expectations occurring April 26-27, 2008 may be the basis for disciplinary action. Discipline problems and enforcement of this regulation will be handled promptly by a Discipline Hearing Board which shall consist of three adult members appointed by the Regatta Chairman. The Discipline Hearing Board shall, at a time and method selected by it, meet to hear any discipline problem, and its decision to impose scoring penalties or other sanctions, as they alone deem appropriate, including summary removal from the entire regatta, shall be final without appeal permitted.

16. REGATTA CONTACTS:

Regatta Chair: Scott Mason, smason@advbenesys.com 949-644-6466

ADDITIONAL INFORMATION

1. The Newport Sea Base is located at 1931 West Coast Highway, Newport Beach, CA 92663. Telephone 949-642-5031
2. Parking is very limited at the Sea Base, and a crew regatta will take place Saturday April 26, 2008. Parking is available on the street.
3. Sea Base rules require that close toed shoes and PFD's be worn while on the dock.
4. Continental breakfasts, water, and post-race snacks will be provided.
5. Competitors are responsible for providing their own lunches and lodging.
6. Lodging is available nearby, check the Newport Visitors Bureau at www.visitnewportbeach.com.

**2008 PCISA Team Race Championship and Qualifier
for the Toby Baker HS Team Race Nationals**
Hosted by the Newport Sea Base
April 26-27, 2008

Entry form due by 5:00 pm Monday April 21, 2008

School: _____
 Team Captain/Coach/Contact: _____
 Address: _____
 City/State/Zip: _____
 Day Phone: _____ Eve Phone: _____
 Fax: _____ Email: _____

Sailor's Name	Year
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

Entry fee is \$150, and Refundable damage deposit is \$200 (payable to CDM Sailing).

Each sailor must complete and sign (with signature of parent or guardian if under age 18) Newport Sea Base waiver form.

In consideration of PCISA accepting my entry in this regatta, I agree as follows (on behalf of team and Sailors):

1. COMPLIANCE WITH RULES: I agree to be bound by the Racing Rules of Sailing.
2. WAIVER OF LIABILITY: On behalf of myself and the Sailors, I, for myself, my heirs personal representatives and assigns forever release, remise, discharge and agree to save and hold harmless and indemnify PCISA, the Boy Scouts of America and the Newport Sea Base, their directors, officers, employees and volunteers from any and all liability, claims, actions and possible causes of action whatsoever, including negligence of any of the foregoing that may accrue to me, my heirs and personal representatives and assigns from every and any loss, damage and injury (including death) that may be sustained by me or my Sailors and property, while in, about and en route into and out of the premises and property upon which the Regatta is held.
3. ASSUMPTION OF RISK: I am aware that the activities involved involve inherent risks and potentially hazardous conditions. I certify that all the Sailors can swim. I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY SAILORS, INCLUDING INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITES AND USE OF THE FACILITY, SPECIFICALLY INCLUDING ANY INJURY OR DAMAGE CAUSED BY THE NEGLIGENCE OF THE RELEASEES.

Signature _____ Date _____

Return to Scott Mason (Regatta Chair) at 178 Shorecliff Road, Corona del Mar, CA 92625 Fax (949)644-7410



YOUTH WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

The undersigned parents or legal guardians (hereafter referred to in the singular) of _____ (hereafter referred to as the "child"), request that the child be allowed to participate at the Orange County Newport Sea Base (hereafter referred to as the "Sea Base") in the Program Activities (hereafter referred to as "the activities"). This agreement shall remain in effect until the Sea Base receives written notice of the cancellation of the consent or until the end of the activities described above. In return for the child being permitted to take part in the activities and to use the facilities and property of the Sea Base, each of us makes the following promises and warrants the truth of the following facts:

1. I am familiar with the programs included in the activities, and I understand the employees of the Sea Base are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of each day's program. I will not allow my child to remain on the premises of the Sea Base before or after each day's program without appropriate supervision or the written permission of the Sea Base. I agree the Sea Base will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will inform my child that he/she is expected to cooperate with, and follow the direction of the persons in charge of the activities, and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights and property of others.

[Please initial to indicate you have read this paragraph. _____]

2. My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim. I will immediately notify the designated Sea Base supervisor if a change in my child's health or other condition would affect my child's ability to participate in the activities.

[Please initial to confirm your confidence in their ability. _____]

3. **WAIVER OF LIABILITY:** I waive and release any right I, my heirs, distributees, guardians, legal representatives, and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute employees and affiliated organizations, specifically the Orange County Council Boy Scouts of America and the County of Orange (herein referred to as "the releasees") for monetary damages caused by injury to my child or myself arising from my child's participation in the activities and the use of the facilities and property of the Sea Base, whether or not the injury or damage results from the negligent acts or omissions, except intentional acts, of any of the releasees.

[Please initial to indicate you have read this paragraph. _____]

4. **ASSUMPTION OF RISK:** I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters, and collision with other watercraft or stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities. I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE SEA BASE, WHETHER OR NOT CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.

[Please initial to indicate you have read this paragraph. _____]

5. **INDEMNITY AGREEMENT:** I agree to indemnify and hold the releasees harmless from any loss, liability, damage, or cost, including reasonable attorneys fees, that may occur due to either my child's or my participation in the activities and use of facilities whether or not such loss, liability, damage, or cost results from the negligence or other action, except intentional acts, of any of the releasees.

[Please initial to indicate you have read this paragraph. _____]

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.

Signature: _____ Print Name _____ Date: _____

Health History

Name of Family Physician/Christian Science Practitioner: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Insurance Co. _____ Policy No.: _____

Has your child ever been treated for: Heart Trouble: _____ Asthma: _____ Epilepsy/Seizures: _____ Hemophilia: _____ Diabetes: _____
ADD/ADHD: _____ High Blood Pressure: _____ Cancer/Leukemia: _____ Kidney Disease: _____

Any Vision or Hearing Defects: _____ Does he/she wear contact lenses: _____ Date of last physical examination: _____

List any Physical or Behavioral conditions that may affect/limit participation in water sport activities: _____

List any allergies (medications, bee stings, etc.): _____

List any medications currently taking or recently stopped taking: _____

Give Date of Last Inoculation for: Tetanus _____ Toxoid _____ Pertussis _____ Mumps _____ Polio _____
Diphtheria _____ Measles _____ Rubella _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding current license to operate a hospital from the State of California Department of Public 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 treatments will not be withheld if the undersigned cannot be reached. *This Newport Sea Base activity is sponsored through the Learning for Life Character Education Program. By enrolling, your child will be included in annual Learning for Life membership figures. By signing this waiver, you are agreeing to your child's inclusion in the program.*

Signature: _____ Print Name _____ Date: _____