



**LAKE SUNAPEE YACHT CLUB**  
ESTABLISHED 1902

P.O. Box 329  
34 STONE END ROAD  
SUNAPEE, NH 03782-0329  
603-763-5961  
WWW.LSYC.NET

**RIG IT UP REGATTA - August 15th, 2024**

Lake Sunapee Yacht Club  
REGISTRATION FORM

**SAILOR INFORMATION**

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

Age : \_\_\_\_\_

Yacht Club or Sailing Association: \_\_\_\_\_

**BOAT INFORMATION**

Sailboat Class (check one box):

Optimist \_\_\_\_\_ 420 \_\_\_\_\_

Sail # \_\_\_\_\_

Boat # \_\_\_\_\_

Skipper \_\_ Crew \_\_ If crew, skipper's name? \_\_\_\_\_

Sailor's signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Medical and Liability release forms must be filled out and signed by registration the morning of the regatta

\_\_\_\_\$35 fee. Please make checks payable to Lake Sunapee Yacht Club.

David Goddard  
Commodore

Susan Gorgi  
Vice-Commodore

Ted Farnham  
Rear Commodore

John Driscoll  
Treasurer

Tucker Jones  
Secretary

Richard Martino  
General Manager



**MEDICAL AND EMERGENCY INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

*THE PARTICIPANT AND THEIR 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 (describe below)	
EPILEPSY			



## MEDICAL CONSENT FORM Page 1

Name of Participant (please print): \_\_\_\_\_

Name of Parent or Guardian (please print): \_\_\_\_\_

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 Yacht Club or while participating in any activity sponsored by or under the auspices of said Club 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 Yacht Club 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 Yacht Club and the United States Sailing Association and its officers and members thereof.

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: \_\_\_\_\_



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**MEDICAL CONSENT FORM Page 2**

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

**David Goddard**  
Commodore

**Susan Gorgi**  
Vice-Commodore

**Ted Farnham**  
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**Certification, authorization, release an indemnity agreement medical services care and or treatment**

**Certification**

We, the undersigned certify that we are the parents or true and lawful guardians of \_\_\_\_\_ (child's name) and that the attached health information for our child is true and correct to the best of our knowledge and, further, if any changes occur we will immediately notify the Lake Sunapee Yacht Club.

**Authorization**

We hereby authorize Lake Sunapee Yacht Club, the Lake Sunapee Junior Yacht Club, your officers, directors, agents, servants and employees and/or members to obtain or attempt to obtain medical services, care and/or treatments for \_\_\_\_\_ (child's name) as shall reasonably appear required as a result of an accident and/or illness that may arise during his/her involvement and/or participation in \_\_\_\_\_ (instructional programs or other specific activity). Prior to obtaining or attempting to obtain such service, care and or treatment, reasonable effort shall be made to contact the persons listed on the health information form.

**Release and Indemnity Agreement**

Further, we hereby release the above described persons and entities from ANY and ALL claims, demands, actions or causes of action which we, our child, our ward, our heirs, personal representatives or assigns have or may have arising out of obtaining or attempting to obtain each such service, care and/or treatment. Further, we hereby promise and agree and covenant to totally and completely indemnify, defend and hold harmless the above-described persons and entities from ANY and ALL claims, demands, actions or causes of action by any or person for persons arising out of obtaining or attempting to obtain each such service, care and or treatment, including that Not limited to Direct actions, third party actions, claims, cross claims, demands or actions for contribution for indemnification.

\_\_\_\_\_  
Date                      Parent or Guardian

\_\_\_\_\_  
Date                      Parent or Guardian

**General Release an Indemnity Agreement**

For valuable consideration received, we the undersigned hereby release the Lake Sunapee Yacht Club, Lake Sunapee Junior Yacht Club, their officers, directors, agents, servants and employees and/or members from any and all claims, demands, actions or causes of actions which we, our child, our award, our heirs, personal representatives or assigns may have arising out of \_\_\_\_\_ (child's name) involvement and/or participation in \_\_\_\_\_ (instructional programs or other specific activity) including but not limited to Direct actions, third-party actions, claims, cross-claims, demands or actions for contribution or indemnification.

\_\_\_\_\_  
Date                      Parent or Guardian

\_\_\_\_\_  
Date                      Parent or Guardian

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