

BABYLON YACHT CLUB
2011-2012 FLYING SCOT FROSTBITING SERIES
BABYLON YACHT CLUB, EATON LANE, WEST ISLIP, NY, 11795



REGISTRATION FORM

Name: _____ Date: _____

Address: _____ DOB: _____

Home Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____ Phone: _____

Email: _____

I agree to be bound by the current *Racing Rules of Sailing* (RRS), and all other rules that govern this event. I also assume full responsibility for starting or continuing to race as per RRS Rule 4, 'Decision to Race'. I understand that the organizing authority, host club and/or personnel conducting this event will not accept any liability for material damages or personal injury or death sustained in conjunction with or prior to, during, or after the event.

Signature: _____ Date: _____

If under 18 parent or guardian signature: _____ Date: _____