



2010 Quebec Dinghy Championships

Royal St. Lawrence Yacht Club
September 11-12, 2010



General Information

Name:	SKIPPER OR CREW	Date of birth:
Address:		
City:	Province:	Postal Code:
Email:		Tel.:
Club:	Class:	Sail number:

Emergency information

Health Insurance Number :	
Contact in case of emergency :	Tel.:
Name of coach / guardian:	

<input type="checkbox"/> Optimist	<input type="checkbox"/> Optimist green fleet	<input type="checkbox"/> 420	<input type="checkbox"/> 29er	<input type="checkbox"/> Byte
<input type="checkbox"/> Laser 4.7	<input type="checkbox"/> Laser Radial	<input type="checkbox"/> Laser	<input type="checkbox"/> Bic OD 293	<input type="checkbox"/> RSX

Registration fees

CHAMPIONSHIP AND FINAL: \$65 X ___ Participant(s): \$ _____
If the registration and fee are received by RStLYC after September 6, 2010, the fee will be \$85.
<input type="checkbox"/> Visa, Master Card, Amex # _____ Exp.: _____
Signature _____
<input type="checkbox"/> Cheque: (Payable to: Royal St. Lawrence Yacht Club)
<input type="checkbox"/> Cash

Disclaimer:

I agree to obey the Racing Rules of Sailing and any other rules governing this event. By agreeing to register and participate in this event, I undertake to Royal St. Lawrence Yacht Club, as well as it's representatives, agents, officials, staff members, respective volunteers, not to bring legal actions against them or file for compensation, expenses or other, in the event of death, injury, loss or damage to my person (or to my child), or my property (or my child's), arising from his or her participation in this event, even if such a situation was caused or provoked by negligence, or is attributable to the negligence, of one or more of the above-mentioned organisations, their agents, the officials, the members of staff or the representatives. I understand and accept that this disclaimer binds, not only me, but my heirs, testamentary executors and representatives. I also understand that I am responsible for my child's behaviour and will be held responsible for any property damage caused by my child.

Participant signature: _____ Date: _____

Parent or Replacement signature: _____