



P.O. Box 947  
 Mattapoissett, Ma. 02739  
 508-758-6474  
 mattsail.org



# 420 Race Series

Mattapoissett Community Sailing Association, Inc.  
 A PARTNERSHIP WITH THE  
 Mattapoissett Yacht Club

**Student Information** Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_  
street apt. # town state zip

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_ Previous MCSA Student? ( ) Yes ( ) No

How did you hear about MCSA? \_\_\_\_\_

**Parent/Guardian Information** Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_  
street apt. # town state zip

Work/cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please check if you **do not** want your student's photo included in any media coverage.

**Emergency & Pick-up Contacts**

1.) _____	NAME	RELATIONSHIP	HOME PHONE	WORK/CELL PHONE
2.) _____	NAME	RELATIONSHIP	HOME PHONE	WORK/CELL PHONE
3.) _____	NAME	RELATIONSHIP	HOME PHONE	WORK/CELL PHONE

**HEALTH & MEDICAL INFORMATION**

PLEASE ATTACH A COPY OF STUDENT'S LATEST IMMUNIZATION AND PHYSICAL EXAMINATION REPORT

Physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance type: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Explain: \_\_\_\_\_

MEDICAL SERVICES CARE AND/OR TREATMENT AUTHORIZATION

As a parent or legal guardian of the minor registrant, I/we authorize the MCSA its officers, directors, agents, servants, instructors and employees to obtain medical services, care and/or treatment for \_\_\_\_\_ (student'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 the MCSA's 420 Race Series. Prior to obtaining or attempting to obtain each such services, and/or treatment, reasonable efforts shall be made to contact the persons listed as emergency contacts.

\_\_\_\_\_  
 Parent/Guardian Signature Parent/Guardian Print Name Date



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**Sail Racing Program:** MCSA in partnership with the Mattapoissett Yacht Club (MYC) is accepting applications to participate in a 420 sail racing program. The program is designed to teach racing rules, safety, skills and strategies as well as to foster team work between skipper and crew.

**Enrollment:** The use of MCSA boats is open only to students with sailing experience, however no sail race experience is required. Applications for the use of MCSA's boats will be considered in the order that they are received. For sailors that will supply their own 420, experienced sailors of all ages are welcome.

**Program Tuition:** The fee for the use of MCSA's 420s is \$20 per student per race. MCSA will supply a certified instructor and rides back and forth from Barstow Wharf to MCSA's 420 raft.. Please make your check payable to MCSA and submit the same with this completed application to MCSA at the above address.

**Note:** Students must be able to swim to participate in this program.

**Program Location and Dates:** The 420 racing program will be conducted from the Mattapoissett Town Beach & Barstow Wharf located on Water Street in Mattapoissett on Tuesday evenings beginning **July 3rd through August 14th, 2018**, weather permitting. Boats will leave MCSA's raft at 5:00 P.M. sharp with the first race to start at 6:00 P.M."

**Equipment & Gear:** MCSA shall conduct its 420 program using 420 sailboats which are the preferred sailboats for High School Programs. Students, their parents and guardians must be aware that 420s are fast and extremely unstable sailboats that are known to capsize. As a result, students will be exposed to wet conditions including submer-sion. Students must supply their own life jackets that must be suitable for their body type, weight and for sailing condi-tions. Students should always arrive dressed appropriately based upon the temperature, wind and wave conditions. Dur-ing cold weather, for safety purposes it is strongly recommended that students supply and wear their own dry-suits and sailing gloves. MCAS reserves the right to deny improperly dressed students access to its boats.

### RELEASE AND INDEMNITY AGREEMENT

For valuable consideration received we, the undersigned, hereby release the MCSA and the MYC and their officers, directors, agents, servants, instructors and employees and/or members from any and all claims, demands, actions, or causes of action which we, our heirs, personal representatives or assigns have or may have arising out of \_\_\_\_\_ (student's name) involvement and/or participation in the MCSA's 420 Race Series, including but not limited to direct actions, third-party actions, claims, cross-claims, demands or actions for contribution or indem-nification.

\_\_\_\_\_  
Parent/Guardian Signature    Parent/Guardian Print Name    / /  
Date

BOATS: 1. The applicant will need the use on one of MCSA's 420s: \_\_\_\_ Yes \_\_\_\_ No

2. The applicant will supply their own 420: \_\_\_\_ Yes \_\_\_\_ No.

APPLICATION CHECK LIST: \_\_\_\_ Completed registration application    \_\_\_\_ Signed Medical Authorization &  
Release and Indemnity Agreement Sections \_\_\_\_    Included copies of student's latest immunization and physical  
examination report

MAIL  
APPLICATION  
TO:

Mattapoissett Community Sailing Association Inc.  
Attn. Student Application  
P.O. Box 947  
Mattapoissett, MA 02739

508-758- 6474  
mattsail.org

Mattsail member YES NO    Member number \_\_\_\_\_