OFF SOUNDINGS CLUB
Entry Form
2015

Spring Series ☐ Close Date: May 21st
Fall Series ☐ Close Date: Aug 27th

PLEASE PRINT

Name of Boat: .................................................................Master(s)-2 max.................................................................

Name of all (check one) Owners ☐ Charterers ☐:

............................................................................................................................................................

Sail#........................Length Overall......................Topside Color.................................Rig......................Member ☐ Guest ☐

Description of Boat: e.g., CC 35, J/35, etc., If class boat so state.................................................................................................

Mail Entry via First Class Mail to:
Anne Wilkinson, Race Secretary
10 Harbor Court
Noank, CT 06340
(860)460-2229

Entries will not be accepted by fax or e-mail.

Address you want Sailing Instructions mailed to:

............................................................................................................................................................

HANDICAP CERTIFICATE

Entry Handicap Rating: ☐

1. ☐ This handicap is extracted from an OSC Certificate which is valid for the race series which is on file with the OSC Chief Measurer.
2. ☐ This handicap is extracted from a valid PHRF of Eastern Connecticut rating certificate which may be viewed on the ECSA website.
3. ☐ This boat is a multihull vessel with a valid NEMA handicap, a copy of which is enclosed with this entry.

If a boat does not have a valid handicap certificate, the entry is incomplete. It is incumbent upon the entrant to have a valid rating certificate in the hands of the Chief Measurer by the closing date for the series.

☐ I Wish to sail in the NONSUCH Class using class standard sails as specified in the Int. NONSUCH Assoc. Rules.

☐ I wish to sail in a non-spinaker class.

☐ I will sail double-handed. ☐ I will sail single-handed.

☐ I intend to compete for the Lockwood Family Trophy.

Boat entry: = ☐$65.00

Number of adults attending parties: ☐ X $12.00 = ☐

Number of minors attending parties: ☐ X $1.00 = ☐

Please make donation checks payable to OFF SOUNDINGS CLUB	Total donation = ☐

I certify as Master that the above information is correct and that I have read, understood and conform and agree with the “Certification and Waiver” printed on the reverse side of this Entry Form.

Signed................................................................. Date............................

Home phone:.................................Cell phone :.................................E-mail:.................................
CAPTAIN’S RESPONSIBILITY

The Off Soundings Club frequently races in severe weather conditions. The safety of a boat and her crew and the decision to race is the sole and inescapable responsibility of the captain, who must ensure that the boat is sound, seaworthy, and manned by an experienced crew who are physically fit. The captain must ensure that all safety equipment is properly maintained and stowed and that the crew knows where it is kept and how it is to be used. It is also the responsibility of the captain to prevent underage drinking by his crew members at Off Soundings functions.

The organizers bear no responsibility for accidents, damage, or injuries to boats or their personnel arising from any cause during these races or related activities.

CERTIFICATION AND WAIVER

I hereby certify that I have read and agree to the above titled CAPTAIN’S RESPONSIBILITY.

I hereby agree that neither I nor any of my crew shall hold either the Off Soundings Club or any of its officers, governors, or committee members responsible for accidents, damage, or injuries during the races or related activities. No crew member will be aboard my boat who has not consented to this waiver on his or her behalf.

Nothing herein shall waive any claim which I or my crew members may have against any officer or member of the Off Soundings Club acting in his individual capacity as a participant in the races as a captain or crew member of any boat competing in these races.

You may wish to disclose this Certification and Waiver to your insurer.

RULES AND REGULATIONS

I agree to be bound by the Racing Rules of Sailing and any other rules and regulations established for this Race Series by the Off Soundings Club, which is the Organizing Authority.