

# Gulf Coast High School Sailing Championship & Mississippi High School Sailing Championship

## NOTICE OF RACE

Hosted by: Gulfport Yacht Club

November 4th-5th, 2017

### 1. RULES

- 1.1 The regatta will be governed by the Racing Rules of Sailing, the Prescriptions of U.S. Sailing, the ISSA Procedural Rules, this NOR, and the Sailing Instructions.
- 1.2 The organizing authority is the Gulfport Yacht Club.

### 2. ELIGIBILITY AND ENTRY

- 2.1 Competing schools must be current members of ISSA. A school shall send only one team. A team shall consist of (3) Boats: (2) 420's & (1) Laser Radial. All three boats are to be provided by each team. 420s will be rotated. Lasers will not be rotated and each team will sail the Laser that team brought to the regatta. Teams competing must register and sail in all three (3) classes to be eligible to win the Gulf Coast and/or the Mississippi High School Sailing Championship Trophies.
- 2.2 Sailors in grades 7-12 are eligible competitors in this regatta.
- 2.3 Teams must be accompanied by a designated adult team leader, who may be an advisor, coach or parent recognized by the school.
- 2.4 Eligible schools and sailors must enter by submitting the official entry form and two separate checks, one for entry fee, and one for boat damage deposit, with the regatta chairperson by end of registration time.

### 3. ENTRY FEES

- 3.1 \$100 per team entry fee shall be paid with entry form.
- 3.2 Each team shall pay a separate damage deposit of \$100 with registration. This is refundable if the boat and gear are returned undamaged. In the event damage cannot be attributed to a particular team, the repair costs will be divided evenly amongst all the competing teams.

### 4. SCHEDULE OF EVENTS

Saturday, November 4th, 2017		Sunday, November 5th, 2017	
Registration	0830-0930	First Signal	1000
Competitor's Meeting	0930	No Start After	1400
First Signal	1100	Trophy Presentation	As soon as possible after the conclusion of racing

### 5. COMPETITOR'S MEETING

- 5.1 There will be a competitor's meeting on Saturday, November 4th.

## **6. VENUE**

6.1 The sailing venue will be will be southeast of the Gulfport Small Craft Harbor.

## **7. SCORING**

7.1 Scoring will be in accordance with ISSA Procedures.

7.2 The number of races intended is two round robins. One completed race shall constitute a regatta.

## **8. PENALTIES**

8.1 Will be in accordance with ISSA Procedures.

## **9. TROPHIES**

9.1 1st, 2nd, 3rd Overall in each class will be awarded.

9.2 For the Mississippi Championship: 1st, 2nd, and 3rd will be awarded to top placing Mississippi schools for their combined scores from all three classes. The 1st place team will also win the 2017 Mississippi High School Sailing Championship & Perpetual Trophy (The Rock).

9.3 For the Gulf Coast Championship: 1st, 2nd, 3rd will be awarded to the top placing schools for their combined scores from all three classes. The 1st place team will also win the 2017 Gulf Coast High School Sailing Championship.

## **10. SAFETY**

10.1 In addition to the requirements of RRS Rule 40 and it's U.S. Sailing Prescription, a condition of entry and participation in this regatta is the wearing of a U.S. Coast Guard approved PFD, properly secured at all times while on the water, except for brief periods while removing or adding clothing. Wet suits, dry suits and inflatable PFD's do not constitute adequate personal buoyancy.

## **11. DISCLAIMER OF LIABILITY**

11.1 Competitors participate in the regatta entirely at their own risk. See RRS 4, Decision to Race. The organizing authority will not accept any liability for material damage or personal injury or death sustained in conjunction with or prior to, during, or after the regatta.

## **12. SAILING INSTRUCTIONS**

12.1 Sailing instructions will be available onsite at check-in. The courses to be sailed will be contained in the sailing instructions.

## **13. SUPPORT AND COACH BOATS**

13.1 Coach during the races is prohibited at all times. Coaching is allowed by the floating dock area after they have rotated and are waiting for their next start.

## **14. FOOD AND T-SHIRTS**

14.1 Lunch is provided and will be served on the water both days.

14.2 Regatta T-Shirts will be available and are not included in the registration fee.

## **15. FURTHER INFORMATION**

For further information please contact: Samson Vasquez - 228-323-1336 [samsonvasquez@gmail.com](mailto:samsonvasquez@gmail.com)

# 2017 Gulf Coast & Mississippi High School Sailing Championship - Entry Form

This form must be received by **November 4, 2017**. Please return to:

**Gulfport Yacht Club**  
**PO BOX 600**  
**Gulfport, MS 39502**

## 1. School Data:

School's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ISSA District: \_\_\_\_\_

## 2. Projected Team Roster

*Please fill out one copy of the waiver below for each competitor.*

Name:	Graduation Year:	Name:	Graduation Year:
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

## 3. Contact/ Chaperon/ Coach Information:

Team Contact (Traveling with team), Coach (If you will have one with you):

\_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

## 4. Entry fee and Damage deposit:

Entry fee (**\$100**) and additional meal packages, and damage deposit (**\$100**), as prescribed in the Notice of Race are enclosed. Make both checks payable to: **Gulfport Yacht Club**

Sailor Name: \_\_\_\_\_ School Name: \_\_\_\_\_

**WAIVER OF LIABILITY/ASSUMPTION OF RISK**  
**2017 Gulf Coast & Mississippi High School Sailing Championship**

As the parent/guardian of the above named student, I hereby acknowledge that the risk of injury, including serious debilitating injury, is involved in athletic participation. I am aware that the activities associated with this event involve maneuvering a boat on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters, and collision with other watercraft and/or stationary objects such as docks and buoys. I am aware of the risks involved and give my consent for the above named student to participate in all activities associated with the Mississippi High School Sailing Championship. I accept any and all risks to the above named student of injury, death and property damage arising from participation in this event whether or not caused by the negligence or other action, except irrational acts of ISSA, Gulfport Yacht Club, their Officers, Directors, Trustees, agents, employees, coaches, vendors, and any other persons associated with this event (herein referred to as the "Releases").

I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute the ISSA, Gulfport Yacht Club, their Officers, Directors, Trustees, agents, employees, coaches, vendors, or other associated persons, for monetary damages caused by injury to the above named student, or damage to the property of the above named student arising from the above named student's participation in this event and the use of the facilities and property of ISSA, Gulfport Yacht Club, whether or not the injury or damage results from the negligence or other action, except irrational acts, of ISSA, Gulfport Yacht Club, their Officers, Directors, Trustees, agents, employees, coaches, vendors, and any other person associated with this event. I further release and hold the Releases harmless from any loss, liability, damage or cost including reasonable attorney's fees that may occur due to the named student's participation in this regatta.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Relation to Named Student: \_\_\_\_\_

Sailor Name: \_\_\_\_\_ School Name: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR**

The undersigned parent or guardian of a minor does hereby consent to emergency X-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, or dentist under the Dental Practice Act. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physicians in the exercise of their best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned or Emergency Contact prior to rendering treatment, but treatment will not be withheld if they cannot be reached.

1. Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Medical Problems: \_\_\_\_\_

4. Known Allergies: \_\_\_\_\_

5. Hospital Insurance Plan Name/Number: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE (Parent or Legal Guardian): \_\_\_\_\_

Address: \_\_\_\_\_

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

Mother's Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ (c): \_\_\_\_\_

Father's Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ (c): \_\_\_\_\_