

NOTICE OF RACE
TEXAS SAILING ASSOCIATION YOUTH CIRCUIT REGATTA
The “Cannonball Run” Regatta
Palacios Yacht Club
457 Commerce, Palacios, Texas 77465

August 16-17, 2008

1. RULES:

- 1.1 The regatta will be governed by the *rules* as defined in *The Racing Rules of Sailing*.
- 1.2 “The Texas Youth Racing Circuit Conditions” apply and are available on the web site at <http://www.txsail.org/> . A copy will also be available at the regatta site.
- 1.3 The rules for all classes are altered so that membership in a class organization is not required.
- 1.4 Racing Rules 61.1(a), Protest Requirements and Appendix A2, Scoring Systems are modified for this series. Racing Rule 49.1 is changed to allow the use of hiking pants.

2. ELIGIBILITY:

- 2.1 The regatta is open to all boats of the Optimist, Laser (Full, Radial and 4.7) and Double-Handed (420 Collegiate) classes. All classes are “bring your own boat. A minimum of three boats is required to form a class. All boats shall have identifiable sail numbers. Sail numbers meeting class standards are encouraged.
- 2.2 The regatta is open to all junior sailors who are less than twenty years old and who do not turn twenty years of age during this calendar year.
- 2.3 Optimists are sailed in four fleets
1 Green Fleet: Open to all novice sailors under age 15 and through 12/31 of the calendar year in which they turn age 15
2 White Fleet: Age 10 and under
3 Blue Fleet: Age 11 – 12
4 Red Fleet: Age 13 – 15
- 2.4 Skipper’s age on the first day of the regatta determines his or her fleet. Skippers move fleets on their 11th and 13th birthdays. Those turning 15 may continue in Red fleet through 12/31 of that year.
- 2.5 Sailors who do not meet the age limitations for junior sailors specified above are eligible to race in the Laser Full Rig fleet without regard to age and in the Double-Handed fleet through age 21 and not turning age 22 in the current calendar year as specified in the Double-Handed class rules regarding championship eligibility, but will not be scored for purposes of the Texas Youth Circuit.

3. ENTRY FEE:

The entry fee is \$45 for each sailor, whether in single or doublehanded boats. The entry fee includes one regatta T-Shirt and the following meals for each sailor: breakfast and lunch on Saturday and breakfast on Sunday.

4. REGISTRATION AND CHECK IN:

- 4.1 Pre-Registration is encouraged and may be done by sending the attached registration form to: Roberta Ripke, 457 Commerce, Palacios, TX 77465 (email: rkaripe@gmail.com)
- 4.2 Registration and check-in at the regatta will be conducted on Saturday, August 16, 2008, between 8:30am and 10am in the Rec Hall at Serendipity Bay Resort, 1001 Main Street. Execution of a **Liability Release Agreement** as set forth in the Registration Form shall be required. Parents are urged to provide a signed **Medical Consent Form** to enable other adults to obtain emergency medical services in the event of the parents’ unavailability during the regatta.

- 4.3** All sailors are **required to check in** by 10am on Saturday at the registration table, even if the sailor pre-registered by mail or other means.

5. SCHEDULE:

- 5.1** Subject to the decisions of the Race Committee, six or more races are scheduled. One or more races will constitute a regatta. If five or more races are completed, there will be one throw out race for scoring purposes. If ten or more races are completed there will be one additional throw out – two total – for scoring purposes.
- 5.2** The schedule for the regatta is:
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|-----------|---|
| Friday, | August 15, 2008 |
| | The Park & Beach will be open to allow unloading of boats. |
| Saturday, | August 16, 2008 |
| 0800-1000 | Breakfast & Registration at Serendipity Bay Resort Rec Hall |
| 1045 | Skipper's Meeting on the Beach (Attendance Mandatory) |
| 1100 | Lunch will be served at Beach Park Headquarters |
| 1230 | Warning Signal for the first race, additional races to follow |
| Sunday, | August 17, 2008 |
| 0800-0915 | Breakfast |
| 1000 | Preparatory Signal for the first race, additional races to follow |
- 5.3** No warning signal for a race will be given after 1300 on Sunday.
- 5.4** Attendance at the **Skippers' Meeting** held at 10:45am on Saturday of the regatta at the Beach is mandatory.

6. SAILING INSTRUCTIONS:

Sailing Instructions will be provided at registration and at the Skipper's Meeting. If published in time, they may also be posted on the TSA website

7. VENUE:

Races will be conducted on the waters of Tres Palacios and Matagorda Bays.

8. SAFETY:

A U.S. Coast Guard approved PFD will be worn by all competitors while on the water. Wet or Dry suits are not considered adequate buoyancy devices for this purpose. All buoyancy devices shall be worn on the outside of all clothing.

9. DISCIPLINE :

- 9.1** Per US SAILING Regulation 5.03 no contestant shall use, either on or off the water, during any Texas Sailing Association Junior event: marijuana or any other controlled substance (as defined in 21 U.S. Code 802) the possession of which is unlawful under 21 U.S. Code 841, or alcoholic beverages (distilled spirits, wine and beer, each as defined in chapter 51 of the U.S. IRC Code and intended for beverage use). This regulation is in effect from date and time of arrival through date and time of departure from the locale. The penalty shall be that the contestant after a proper hearing, be immediately removed from the regatta venue and, where practical, sent home.
- 9.2** All competitors are expected to maintain the highest level of conduct throughout the entire event. When the Protest Committee, from its own observation or a report received from any source believes that a competitor may have committed a breach of a rule, good manners, or sportsmanship, or may have brought the sport into disrepute, it may call a hearing. After a proper hearing the penalty may range from a reprimand to dismissal from the regatta and additional action may be taken under RRS 69.
- 9.3** Hearings will be held generally in accordance with the recommendations of Appendix M5 of the RRS. The officers for hearing a violation will consist of the Chief Judge, acting as chairman of

the hearing, the Protest Committee and the Chairman of the Texas Sailing Association Junior Committee or his or her designee in the event he or she is not present. The regatta chair shall serve ex officio as a nonvoting member of the panel and will have an open right to express his or her views during the course of the hearing process.

10. TROPHY PRESENTATION:

Trophy presentations will be held on Sunday afternoon approximately one hour after the last race or when protest hearing(s) are completed.

11. LODGING:

Suggestions for Lodging are posted on the Palacios Chamber of Commerce web site www.palacioschamber.com

12. DIRECTIONS TO

Serendipity Bay Resort Rec Hall

Take Hwy 35 to downtown area. Location is 1001 Main Street (Business 35)

South Bay Beach Park

Turn south on Business 35 at Sixth Street. Don't fall into the bay.

13. FURTHER INFORMATION:

For further information please contact Roberta at 361-972-3960 or email: rkaripe@gmail.com

REGATTA REGISTRATION FORM
TEXAS SAILING ASSOCIATION YOUTH CIRCUIT REGATTA
FOR THE "Cannonball Run" REGATTA
Palacios Yacht Club
August 16-17, 2008

Competitor: Club: . _____

Address: _____ City: _____ State _____ Zip _____

Telephone: Email: . _____

Date of Birth: Age: . _____

Circle your Class/Fleet:

Laser Full Laser Radial Laser 4.7 Double-Handed (420)

Optimist*: Green (Novice) White (10 and under) Blue (11-12) Red (13-15)

* Skipper's age on the first day of the regatta determines his or her fleet. _____

Sail Number: Hull Color: Sail Tip No. _____

Regatta Fees: \$45

\$ _____ per Sailor \$ _____

\$ _____ for Each Extra T-Shirt \$ _____

Total Regatta Fees \$ _____

*T-shirt Size(s) (Adult: S / M / L / XL) (Note: The entry fee includes **one** T-Shirt)*

Make checks payable to: **Palacios Yacht Club**

Mail or email registration including release and fee to: Palacios Yacht Club, 457 Commerce Street, Palacios, Texas 77465 email: rkaripe@gmail.com

Those registering by email can pay the fee and bring the original signed release, as well as the signed medical consent, if applicable, at the time of check-in during registration on race day.

LIABILITY RELEASE AGREEMENT

IN CONSIDERATION OF ACCEPTANCE OF MY CHILD'S REGISTRATION TO PARTICIPATE IN THE CANNONBALL RUN REGATTA AND, RECOGNIZING THE RISKS ASSOCIATED WITH THE SPORT OF SAILING , THE UNDERSIGNED HEREBY WAIVES ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE AND HEREBY RELEASES THE TEXAS SAILING ASSOCIATION, THE HOST CLUB AND ALL OF THEIR DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, AND THE REGATTA VOLUNTEERS AND SPONSORS, OF AND FROM ANY AND ALL CLAIMS AND LIABILITIES OF WHATEVER KIND, INCLUDING THOSE OF NEGLIGENCE AND GROSS NEGLIGENCE, WHICH I OR MY CHILD MIGHT INCLUDING THOSE OF NEGLIGENCE AND GROSS NEGLIGENCE, WHICH I OR MY CHILD MIGHT HAVE, ARISING OUT OF MY CHILD'S PARTICIPATION IN THE REGATTA AND ALL ACTIVITIES RELATING THERETO.

Parent or Guardian's Signature: _____

Date: . _____

**MEDICAL CONSENT FORM and
LIABILITY RELEASE AGREEMENT**

NAME OF PARTICIPANT: _____ **AGE:** _____

NAME OF PARENT/GUARDIAN (printed): _____

HOME ADDRESS: _____

TELEPHONE NO: _____ **CELL PHONE:** _____

In the event of accident, injury or illness involving any child of mine (specifically including my child named above as the "Participant") or me or my spouse while in, on, or about the premises of a Texas Sailing Association ("TSA") member yacht club (the "Club") (which includes the Palacios Yacht Club) or while participating in any activity sponsored by or under the auspices of said Club under circumstances where I am physically unable to consent or am not present,

1. I hereby voluntarily authorize and consent to the furnishing to myself, my spouse, or any child of mine of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the assisting adult, the Club, TSA and the officers, employees and members of said organizations.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

ALTERNATIVE PERSONS TO CONTACT:

NAME RELATIONSHIP PHONE NUMBERS. _____
(Including Mobile Phone Number)

PRIMARY CARE PHYSICIAN

NAME PHONE NUMBER. _____

ATTACH COPY OF HEALTH INSURANCE CARD, OR COMPLETE THE FOLLOWING:

HEALTH INSURANCE CARRIER INSURANCE ID NO.

NAME OF INSURED _____

PHONE NO. FOR VERIFICATION CLAIMS MAILING ADDRESS

I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers.

This consent shall be valid for one (1) year from the date of signing.

SIGNATURE OF PARENT/GUARDIAN

DATE