

SEAS MORRIS

Summer Series 2002 Registration

Individual membership in SEAS is required for all competitors

Competitor:

Name _____ Day Phone # ____ / ____ / ____ Home ____ / ____ / ____
Address _____ City _____ ST _____ Zip _____

Emergency Contact:

Name _____ Day Phone # ____ / ____ / ____ Home ____ / ____ / ____
Address _____ City _____ ST _____ Zip _____

Disclaimer: I acknowledge that I have voluntarily applied for racing with SEAS-Morris. I understand that sailing requires vigorous physical activity including, but not limited to swimming; moving, rigging, de-rigging and sailing boats. I represent that I am in good physical condition and have no condition, either physical or mental, that would impair my performance or be aggravated by my participation in allowing me to participate in activities before, during, or after racing. I hold SEAS-Morris and its members harmless in the event of injury that may occur before, during, or after racing.

Signature: _____

Date: _____

Please fill in, sign and hand in on day of race at skippers meeting. One form required per year.