

Lipton Cup Regatta
Squantum Yacht Club
646 Quincy Shore Dr
P.O.Box 67
Quincy, MA 02170

M. B. Y. C. A.

L i p t o n C u p R e g a t t a



**THIRTY-
THIRD**

ANNUAL

TWO DAY REGATTA: J u l y 27th and 28th, 2019

Multihulls
210
Thunderbird**
Hustler**
Club 420
Laser
Laser Radial
Laser 4.7
N-10
Optimist
Rhodes 19
Vanguard 15

SPONSOR: Squantum Yacht Club
PO Box 67, Quincy, MA 02170, Tel: (617) 770-4811
www.squantummyc.org

Entry Fee:	One-Design:	\$60
	Optimist	\$35
	N10	\$35
	Laser/Laser Radial/Laser 4.7	\$35
Deadlines:	C420/Vanguard 15	\$40

Trophies:

Perpetual and Keepers

** MBSA Qualifier

SOCIAL ACTIVITIES:

Friday: Registration: 6 – 9 PM. at Squantum Yacht Club
Reception: 7:30 - 9:00 PM Cash Bar

Saturday: Late Registration - 9:00 AM
Skippers' meeting-TBD Alpha courses.

Racing starts 10:30 AM

After racing, complimentary cookout.

Sunday: Racing starts 11:00 AM
Trophy presentation following races — Cash Bar

Notes:

Launch Service available during weekend.

Moorings: Some available; call the club (617) 770-4811.

Two 'plus' races per day

Starting Signals: FIVE-MINUTE GUNS or THREE-MINUTE DINGHY STARTS

CLASSES: ALPHA*, BRAVO, CHARLIE*

LINE ASSIGNMENTS TO BE MADE AT SKIPPERS' MEETING OR ON OFFICIAL NOTICE BOARD

***DINGHY STARTS WITH AUDIBLE HORNS AT DISCRETION OF RACE CHAIR**

****TEAM RACE SERIES WILL OPERATE WITH SEPARATE SAILING INSTRUCTIONS AND ENTRY FEES**

STARTING LINES: Quincy Bay, AT DISCRETION OF RACE CHAIR.

Finish Lines: See Race Instructions

Courses: Per Race Instructions, skippers' meeting, or changes displayed from Committee Boat.

Time Limits: 3 hours after start of class; (See Race Instructions)

Optimists, N-10s, Lasers, 420s, etc. must rig, launch and return to the beach next to Yacht Club.

PROTESTS MUST BE FILED IN WRITING AT THE PROTEST ADMINISTRATION DESK ON AN OFFICIAL FORM WITHIN ONE HOUR AFTER EACH RACE COMMITTEE BOAT DOCKS OR REPORTS SCORING.

ALL PARTICIPANTS MUST WEAR PFD'S AT START OF RACE AND CROSSING THE FINISH LINES.

NOTE: ONE-DESIGN CREWS MAY NOT BE CHANGED WITHOUT APPROVAL OF THE JURY OR EVENT CHAIRMAN.

PROTEST FLAGS ARE REQUIRED FOR ALL CLASSES

RACE ENTRY FORM

LIPTON CUP REGATTA 2018

PRINTING & COMPLETELY FILLING IN ALL INFORMATION EXPEDITES SCORING

ALPHA LINE (Circle class below)	BRAVO LINE (Circle class below)	CHARLIE LINE (Circle class below)
N-10 OPTI	Multihulls 210's	Club 420's Laser
<u>*CIRCLE FLEET</u>	Thunderbirds Hustlers	Laser Radial Laser 4.7's
BLUE WHITE RED GREEN	Rhodes 19	Vanguard 15
*Skipper's age: _____		
*(Required)		

CLASS **SAIL NO. (*)** **YACHT NAME** **HULL COLOR**

Skipper's Name: _____

Street Address: _____ Town: _____

State: _____ Zip: _____ Home Phone: _____

e-mail: _____ Mobile/cell: _____

Yacht Club Affiliation: _____

Owner's Name If Different: _____ Home Phone: _____

Street/Town/State/Zip: _____

Number of crew members including skipper: _____; Crew name:

_____, _____, _____, _____

<u>ENTRY FEES:</u>	<u>One-</u>	<u>Opti-Laser-Laser</u>	<u>C420</u>	<u>N10</u>
<u>Design</u>		<u>Radial-Laser 4.7-</u>	<u>Vanguard 15</u>	
		<u>Sunfish</u>		
Regatta Boat Fee:	\$60	\$35	\$40	\$35
NET DUE:	_____	_____	_____	_____

Please make checks payable to: Quantum Yacht Club and
MAIL TO: Quantum Yacht Club, ATTN: Lipton Cup, PO Box 67, Quincy, MA 02170

I HAVE READ AND UNDERSTAND THE WAIVER PRINTED ON THE REVERSE SIDE OF THIS FORM AND ACCEPT IT IN UNEDITED FORM. LACK OF SIGNATURE BELOW SHALL BE GROUNDS FOR DISQUALIFICATION.

Owner/Skipper's Signature: _____

M. B. Y. C. A.

Lipton Cup Regatta

at

Squantum Yacht Club

I, the skipper and/or owner of the yacht named on the reverse, accept full responsibility for the conduct of each member of my crew and guests during the Lipton Cup Regatta. I acknowledge that I have sole responsibility for the safety of my crew and yacht.

The Lipton Cup Regatta, the Race Committee and Squantum Yacht Club are in no way to be held responsible for accidents, damage or injury to property or to yachts, crew or guests arising from any cause during or related to any race or activities of the weekend. Weather and sea conditions must be evaluated by each skipper and his crew and each participant is responsible for determining whether it is safe for him to participate. The responsibility of wearing a life jacket rests upon the skipper and the crew. If assistance is provided by Committee vessels and personnel, it is at the risk of the participants.

I hereby agree to all of the Conditions for the Lipton Cup, Regatta and warrant that each member of my crew will read and agree to the conditions. I hereby warrant that my yacht will be outfitted, equipped and handled in accordance with these Conditions; that she will have all the required equipment aboard; that she is seaworthy in hull, rig and gear; that she will be competently manned. I agree that the rating certificate to be filed with the Committee will be the applicable rating for the yacht at the time she starts the race.

In consideration of your accepting my Entry for the race I do for myself, my executors, my administrators and assigns waive and release any and all claims that I may have against the Lipton Cup Regatta, Squantum Yacht Club and the Race Committee, their officers, directors, members, committee persons, volunteers, employees and agents, or any one or more of them or their executors, administrators, heirs, next of kin, successors, or assigns, including any and all claims for damage caused by the negligence of any of them, arising out of my participation or that of my yacht in the weekend and its related activities, including pre-start and post-finish operations and shore activities, together with any costs and expenses including attorney's fees that may be incurred as a result of any such claim that any officer, member of my crew or one of my guests (or the executors, administrators, heirs, next of kin and assigns of any of them) may have to assert together with any costs and expenses including attorney's fees with respect thereto.

ALL PARTICIPANTS (CREW, ETC.) must wear approved PFD's at the start and conclusion of each race

LIPTON CUP REGATTA MEDICAL TREATMENT RELEASE FORM (ALL PARTICIPANTS UNDER 18)

I (we) the undersigned parent(s), or legal guardian(s), of _____, a minor, do hereby authorize and consent to such medical or dental treatment necessary or appropriate for my child, including the selection of medical personnel and facilities and transportation or transfer of my child to such facilities and in connection with such treatment, services and/or care, to authorize and consent in my name and on my behalf to such emergency or necessary surgery, diagnostic or corrective, as they may determine to be necessary for the life, health or well being of my child, after reasonable consultation with duly licensed physicians, surgeons, and/or dentists. It is my understanding that reasonable effort shall be made to contact the undersigned prior to rendering treatment to my child but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature: _____

Signature: _____

Name (Print): _____

Name (Print): _____

Home Phone: _____

Home Phone: _____

Other Phone: _____

Other Phone: _____