OPTI HEAVY WEATHER REGATTA
St. Francis Yacht Club
June 17-19, 2016

NOTICE OF RACE

1 RULES

1.1 The regatta will be governed by *The Racing Rules of Sailing (RRS)* and the USODA conditions.

1.2 All competitors are required to wear a life jacket or other adequate personal floatation device while racing. RRS 40 is changed as follows: The "Y" flag will not be displayed.

2 ELIGIBILITY AND ENTRY

2.1 All Optimist fleets are invited to participate.

2.2 Eligible boats shall enter by completing the online entry form at www.stfyc.com and submitting the attached waiver to the StFYC Race Office (email to racing@stfyc.com or hand deliver).

3 FEES

Entry fee for the regatta is $135 **if received on or before June 14, 2016**. A $20 late fee will be assessed for entries received on or after June 15, 2016. Entry fee includes: lunch and post-racing snacks on each day of racing.

4 SCHEDULE

DAY	TIME	EVENT
Thursday	1000-1200	Registration
	1300	Practice Race
	1600	Social at St. Francis Yacht Club
Friday	0800-1000	Late Registration
	0900	Competitor's Meeting for Green Fleet
	1000	First Warning for Green Fleet
	1030	Competitor's Meeting for Red, White, & Blue Fleets
	1200	First Warning for Red, White, & Blue Fleets
	After Racing	Social at St. Francis Yacht Club
Saturday	1000	First Warning for Green Fleet
	1200	First Warning for Red, White, & Blue Fleets
	After Racing	Social at St. Francis Yacht Club
Sunday	1000	First Warning for Green Fleet
	1200	First Warning for Red, White, & Blue Fleets
	After Racing	Social & awards at St. Francis Yacht Club

5 SAILING INSTRUCTIONS

The sailing instructions will be available at or before the competitor's meeting and may also be available at St Francis Yacht Club and online at www.stfyc.com.

6 RACING AREA

6.1 The Green fleet race area will be between Fort Mason and the San Francisco Marina.

6.2 For all other fleets, the intended race area is on the City Front directly north of the St. Francis clubhouse.

7 SCORING

7.1 One race shall constitute a series. As many races as possible will be attempted.

7.2 The Opti Heavy Weather Regatta will be scored as a three-day series (June 17th, 18th & 19th). If fewer than five races are completed, a boat's series score shall be the total of her race scores. If five or more races are completed, a boat's series score shall be the total of her race scores excluding her worst score. This changes RRS A2.

8 DISCLAIMER OF LIABILITY

Competitors shall participate in the regatta entirely at their own risk (see Rule 4, DECISION TO RACE). The organizing authority does not accept any liability for material damage or personal injury or death sustained in conjunction with, prior to, during, or after the regatta.

9 FURTHER INFORMATION

For further information please contact the StFYC Race Office at 415.563.6363, email racing@stfyc.com or visit www.stfyc.com.

Additional Notices

BERTHING, HAUL OUT & TRAILER STORAGE

If you plan on leaving a trailer in the City parking lot, an overnight parking permit must be obtained from the StFYC Race Office (trailers without permit may be towed) for a fee of $8 a night. All trailers shall be stored in the parking lot to the east of the StFYC clubhouse, or at the direction of the StFYC Dock Master.

REGATTA
St. Francis Yacht Club

ST. FRANCIS YACHT CLUB
Junior Activities
Parent's Consent and Waiver of Liability,
Assumption of Risk & Indemnity Agreement

The undersigned parents or legal guardians (hereafter referred to in the singular) of _____(herein referred to as "Child"), request that my Child be allowed to participate at any St. Francis Yacht Club Junior Activity (herein referred to as "the Activities").

This agreement shall remain in effect until St. Francis Yacht Club Junior Committee receives written notice of the cancellation of the consent or until the end of the Activities described above.

In return for my Child being permitted to take part in the Activities and to use the facilities and property of any St. Francis Yacht Club facility each of us makes the following promises and warrants the truth of the following facts:

1) I am familiar with the programs included in the Activities, and I understand officers and employees of any St. Francis Yacht Club are available to discuss the Activities if I should wish additional information. I also understand I am solely responsible for the arrival and departure of my Child at the beginning and end of each day's Activity. I will not allow my Child to remain on the premises of any St. Francis Yacht Club after each day's program without appropriate supervision or the written permission of the Yacht Club. I agree St. Francis Yacht Club will have no responsibility for the supervision of my Child at times other than during the scheduled Activities. I will inform my Child that he/she is expected to cooperate with, and follow the directions of, the persons in charge of the Activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
2) My Child is in good health, and I know of no reason why he/she would be incapable of participating in the Activities. My Child knows how to swim. I will immediately notify the designated St. Francis Yacht Club supervisor, if a change in my Child's health or other condition would affect my Child's ability to participate in the Activities.
3) **WAIVER OF LIABILITY.** I waive and release any rights 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 any St. Francis Yacht Club or any of its members, directors, officers, agents, employees and affiliated organizations (herein referred to as "the Releasees") for monetary damages caused by injury to my Child or damage to the property of my Child or myself arising from my Child's participation in the Activities and use of the facilities and property of any St. Francis Yacht Club, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the Releasees. (**Please initial to indicate you have read this paragraph**. _____)
4) **ASSUMPTION OF RISK.** I am aware that the Activities may involve maneuvering a boat, sailboard or other watercraft on deep waters in potentially hazardous conditions which may include, among other things, strong wind and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved, I voluntarily ask that my Child be allowed to take part in the Activities. I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE ST. FRANCIS YACHT CLUB, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES. (**Please initial to indicate you have read this paragraph**. _____)
5) **INDEMNITY AGREEMENT.** I agree to indemnify, defend and hold the Releasees harmless from any loss, liability, actual damage, consequential damage, or cost, including reasonable attorneys fees, they may incur due to my Child's participation in the Activities whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the Releasees. (**Please initial to indicate you have read this paragraph**. _____).

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.

CHILD'S SIGNATURE _____Date _____

PARENT'S SIGNATURE_____ Date _____

PARENT'S SIGNATURE_____Date _____

REGATTA
St. Francis Yacht Club

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

The undersigned parent or guardian of _____, a minor (the "Child"), do hereby consent to any 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 of special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required for the Child but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California.

1. Family Doctor _____

   Phone Numbers_____

2. Persons To Contact In Case Of An Emergency (in addition to parent(s)/guardian(s)).
   Name_____ Phone_____

   Name_____ Phone_____

3. Medical Concerns Or Any Learning Disabilities
_____

_____

4. Known Allergies _____

5. Hospital Insurance Plan
Name_____
Number_____

This Authorization Shall Remain Effective Until Revoked In Writing.

SIGNATURE (Parent or Legal Guardian)_____Date_____

Address_____
Mother's Phone Numbers (Hm)_____ (Cell)_____
Father's Phone Numbers (Hm)_____ (Cell)_____

CHILD'S NAME _____