

NOTICE OF RACE
PCISA
PACIFIC COAST HIGH SCHOOL DOUBLE HANDED CHAMPIONSHIP

To Be Held At The
United States Sailing Center
5489 E. Ocean Blvd.
Long Beach, CA 90803-4405
562-433-7939 Phone
562-433-3668 Fax
www.ussclb.org

Hosted By The
Pacific Coast Sailing Foundation
and the
Pacific Coast Interscholastic Sailing Association

APRIL 21 - 22, 2007

NOTICE OF RACE

1. RULES

The regatta will be governed by the revised 2005-2008 Racing Rules of Sailing, the prescriptions of US SAILING, the ISSA Procedural Rules, the PCISA Supplemental Rules, this Notice of Race (except as changed by the Sailing Instructions), and the Sailing Instructions. The regatta is classified as a Category A event.

2. ELIGIBILITY

2.1 A team is comprised of a minimum of 4, and a maximum of 8, sailors who **MUST** attend the same high school in grades 9-12. Teams must be accompanied by a designated adult Team-Leader Chaperone, who may be an advisor, coach or parent and must be recognized by the school.

2.2 Selection of competing schools for the PCC'S will be in accordance with the Supplemental Rules for the PCISA 2006/2007. The regatta has 22 berths (20-CA, 2-HI). Final event qualification decisions will be administered by the PCISA Executive Committee.

2.3 Each team must be a current member of ISSA and the PCISA.

2.4 Only one team per school may compete (No JV Teams) and all teams must compete in both divisions (A & B).

3. ENTRY AND COMMUNICATIONS

3.1 Eligible schools must enter by filing an official entry form with the US Sailing Center - Long Beach, CA by April 16, 2007. Entry fee must be included with the entry form. Please postmark by April 16, 2007 and fax a copy if mailing after April 13, 2007.

3.2 Eligible Teams unable to compete must notify designated regatta contact (Mike Segerblom) as soon as possible and by April 2, 2007.

3.3 PCISA will reallocate vacant berths accordingly.

3.4 An Agreement and Release from Liability and a Medical Consent Form must be completed for each competitor.

4. ENTRY FEE

There will be an entry fee of \$30.00 per person, a minimum of \$150.00 and maximum of \$270.00 per team (8 sailors and 1 coach). Entry fee includes boat charter, sails, trophies, snacks after racing and a t – shirt for each paid competitor.

5. BOATS

Vanguard Collegiate FJs and PCISA Sails will be provided by the USSCLB & PCISA.

6. BOAT DAMAGE DEPOSIT

A boat damage deposit is not required, but sailors and teams are responsible for any damage they cause while sailing in borrowed boats.

7. SCHEDULE

Saturday, April 21, 2007

0830 - 0945 Rigging of Boats and Final Registration.
1000 Sailor's Meeting - MANDATORY.
1030 Leave dock.
1130 First Warning. Racing will continue throughout the day.
No Lunch Break.

Sunday, April 22, 2007

0830 - 0915 Rigging of Boats and Final Registration.
0930 Sailor's Meeting - MANDATORY.
1000 Leave dock.
1100 First Warning. Racing will continue throughout the day.
No Lunch Break.
1600 No race will be started after this time.
1700 Trophy Presentation.
All times are approximate. Changes will be posted on the Notice Board.

8. RACING AREA

The Racing Area will be in the Long Beach Harbor near the Belmont Pier. Team members, coaches and spectators will be able to watch the racing from the Belmont Pier and rotations will be at the docks on the pier.

9. COURSES/FORMAT

Based on conditions, the Race Committee will determine the courses. Short college style courses will be used. A complete "Round Robin" will be attempted using the "Navy Special" format (Race 2 races in a division and then rotate boats and divisions).

10. SCORING

The regatta will be scored using ISSA Procedural rules.

11. HOUSING

Teams are responsible for their own housing. A list of local hotels is attached.

12. COACHING

Team-leaders, chaperones, advisors, coaches and other support personnel shall not have any contact with the competitors while afloat in the sailing area from April 21 through April 22, 2007 unless with the permission of the Race Committee. All coaching, crew rotation, exchange of clothing/food/drink and communication shall only occur on the docks at the Pier unless otherwise instructed by the Race Committee. The penalty for failing to comply with this requirement may be the disqualification of all boats, competitors and teams associated with the infringing support personnel.

13. PRIZES

Prizes will be awarded to schools placing 1st, 2nd, 3rd, 4th and 5th and to skippers and crews placing 1st in each division. Additionally, in accordance with the PCISA Supplemental Rules scores/placing from this regatta will be used to determine the PCISA Qualifiers for the ISSA Mallory (Double-handed) Nationals. The winner's name will be placed on the William Wakeman Perpetual Trophy.

14. JUDGING/PROTEST

Judges or observers may be on the water. They will act in accordance with ISSA Procedural Rules, Appendix 4. Judges may use the "Yellow flag rule". Clarification will be provided in the SI's. Protests will be handled in accordance with ISSA Procedural Rules as amended by PCISA. Jury will hear protests on the water or in a designated location determined by the Race Committee.

15. OFFICIAL NOTICE FOR ALL PARTICIPANTS:

No contestant shall use, either on or off the water, alcoholic beverages (beer, wine, distilled spirits), or use any controlled substance (marijuana, cocaine, etc.), the possession of which is unlawful. Infringements of this regulation and/or other discipline expectations occurring during April 21 or 22, 2007 may be the basis for disciplinary action. Discipline problems and this regulation's enforcement will be handled promptly by an adult Discipline Hearing Board which will consist of three adult members; the Regatta Chairperson, a PCISA Officer and the Chief Judge. Said Board shall, at a time and method selected by them, meet to hear said problem and their decision to impose scoring penalties, or other sanctions they alone deem appropriate, including summary removal from the entire regatta, shall be final without appeal permitted.

16. REGATTA CONTACTS

Regatta Chairman & PCISA President
Michael H. Segerblom, Executive Director US Sailing Center - Long Beach, CA
562-433-7939 Phone; 562-433-3668 Fax; email: mikesego@ussclb.org

17. ADDITIONAL INFORMATION

For directions, maps of the area and additional information on the US Sailing Center - Long Beach, CA please visit our website at www.ussclb.org. For other questions or information contact:

United States Sailing Center
5489 East Ocean Blvd
Long Beach, CA 90803-4405
562-433-7939 Phone
562-433-3668 Fax

Hotels Close to the US Sailing Center

Local Area

Best Western Golden Sails Hotel – Within two miles of Sailing Center, \$89 - \$165, ph: (562) 596-1631

Guesthouse International Hotel – Three and a half miles, \$99 – \$119, phone: (562) 597-1341

Pacific Inn Seal Beach – Within three miles, \$119 - \$169, phone: (562) 493-7501

Seaport Marina Hotel – One and a half miles, \$99 - \$109, (562) 434-8451

Downtown Long Beach

Renaissance Long Beach Hotel – Four miles, \$189 - \$275, phone: (562) 437-5900

Hyatt Regency – Four miles, \$169 - \$249, phone (562) 491-1234

Hilton – Four miles, \$199 - \$289, (562) 983-3400

Courtyard by Marriott – Four miles, \$139 - \$249, (562) 435-8511

Long Beach Airport

Residence Inn by Marriott – Four miles, \$129 - \$209, (562) 595-0909

Marriott - Four miles, \$161 - \$229, (562) 425-5210

2007 Pacific Coast High School Double Handed Championship

Hosted By The Pacific Coast Sailing Foundation and PCISA
At the United States Sailing Center

APRIL 21 – 22, 2007

Official Entry Form

| | | |
|---|--|---------------------------------|
| School: | | |
| Team Captain/Coach/Contact: | | |
| Address: | | |
| City/State/Zip: | | |
| Day Phone: | Eve Phone: | |
| Fax: | E-mail: | |
| Sailors – Each sailor must complete a medical consent form and release of liability waiver. | | |
| Name | HS Graduation Year | T – Shirt Size |
| | | S M L XL circle one |
| | | S M L XL circle one |
| | | S M L XL circle one |
| | | S M L XL circle one |
| | | S M L XL circle one |
| | | S M L XL circle one |
| | | S M L XL circle one |
| | | S M L XL circle one |
| Additional T - Shirts | S ___ each M ___ each | L ___ each XL ___ each |
| Fees | | |
| Entry Fee | \$30 per Person, \$150 min, \$270 max | Total due \$ |
| Additional T – shirts at \$15.00 | \$15.00 x | Total due \$ |
| Payment – Checks payable: PCSF | Check # or Cash | Amount Paid \$ |
| Mastercard or VISA | # | Expiration: |
| Name on Card | | |
| Billing Address of Card | | |
| <p>I agree to comply with all rules and regulations of the Pacific Coast Sailing Foundation (PCSF), US SAILING, PCISA/ISSA Procedural Rules, and other rules under which this race or series is sailed, and I agree to indemnify and hold PCSF, its Officers, Directors and committeemen harmless of any liability of any nature whatsoever for accident or injury to myself, my crew, my guests and/or my boat, while racing or engaging in any activities related to or connected therewith.</p> <p>I certify that all members of my team, including myself, are able to swim.</p> <p>I further agree not to sail in hazardous conflict with commercial shipping.</p> | | |
| Signature: | | Date |
| Return to: US Sailing Center – Long Beach, CA 5489 East Ocean Blvd, Long Beach, CA 90803-4405 Fax: (562) 433- 3668 | | |

AGREEMENT AND RELEASE FROM LIABILITY

1. VOLUNTARY PARTICIPATION

I acknowledge that I have voluntarily agreed to participate in an event at the Pacific Coast Sailing Foundation facility involving the use of a sailboat and/or a powerboat.

2. ASSUMPTION OF RISK

I AM AWARE THAT MOVING, LAUNCHING, HOISTING, LOWERING, SKIPPING, CREWING OR BEING A PASSENGER ABOARD A SAILBOAT OR A POWERBOAT AT THE US SAILING CENTER – LONG BEACH, CA AND IN THE WATERS OF ALAMITOS BAY OR THE PACIFIC OCEAN IN THE LONG BEACH AREA ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED. I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

3. RELEASE

As consideration for being permitted by Pacific Coast Sailing Foundation (PCSF) to participate in this activity and to use its facility and equipment furnished by PCSF or others, I agree that my heirs, assigns, distributees, guardians and representatives and I release PCSF and the City of Long Beach (the City) and all of their affiliated organizations and their officers, directors, employees, members and volunteers (collectively, the Releasees) from all actions, claims or demands that I, my heirs, assigns, distributees, guardians and representatives now have or may hereafter have for injury, death or damage resulting from my participation in this activity. I, my heirs, assigns, distributees, guardians and representatives will not make any claims against or sue the Releasees or any of them for injury, death or damage resulting from the negligence or other acts, howsoever caused by any employee, agent or contractor of PCSF, the City or any of their affiliated organizations as a result of my participation in this activity.

4. KNOWING AND VOLUNTARY SIGNING OF THIS DOCUMENT

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PCSF, THE CITY AND THEIR AFFILIATED ORGANIZATIONS, AND MYSELF. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.

Dated: _____

Signature

Printed Name

Address

DECLARATION OF WITNESS

I certify that _____ acknowledged in my presence that he/she has read and fully understands the meaning and consequences of the foregoing release, and has signed it in my presence.

Dated: _____

Signature

Printed Name

Address

**AGREEMENT AND RELEASE OF PARENT OR GUARDIAN
(In the event the participant is not 18 years old or older)**

I am the parent or legal guardian of _____

I request that my child be permitted to participate in the manner described above. In consideration of such permission being granted, I agree to all of the terms and conditions of the preceding page.

Dated: _____

Signature

Printed Name

Address

MEDICAL CONSENT FORM

Only COMPLETELY FILLED IN forms will be accepted.

NAME OF PARTICIPANT (printed): _____

NAME OF PARENT OR GUARDIAN (printed): _____

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named below as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the United States Sailing Center (USSC), adba Pacific Coast Sailing Foundation (PCSF), or while participating in any activity sponsored by or under the auspices of the USSC or PCSF under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize any officer or member of the USSC or PCSF to consent to such medical care, attention or 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 USSC, PCSF, and the United States Sailing Association and its officers and members thereof.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. 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.

IN CASE OF EMERGENCY CALL:

| NAME | RELATIONSHIP | PHONE NUMBER |
|------|--------------|--------------|
| | | |
| | | |

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

| NAME | PHONE NUMBER | DATE OF LAST EXAM |
|------|--------------|-------------------|
| | | |

| | | | |
|---------------------------|---------------------------|---|-------------------------------|
| Insurance Carrier | Policy Number | Policy Holder's Name | Policy Holder's Date of Birth |
| Insurance Carrier Address | Insurance Carrier Phone # | Policy Holder's Relation to Participant | Policy Holder Phone # |

PLEASE FILL OUT THE REVERSE SIDE

MEDICAL AND EMERGENCY INFORMATION

NAME: _____ SEX ____ (M) ____ (F)

ADDRESS: _____
Street/P.O. Box

_____ *City* *State* *Zip*
 TELEPHONE _____ (R) _____ (B) DATE OF BIRTH: _____

THE PARTICIPANT AND HIS OR HER PARENTS MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

| CHRONIC AILMENTS: | | ALLERGIES: | |
|--|--------------------------|-------------------------|--------------------------|
| ASTHMA, OR OTHER RESPIRATORY PROBLEMS | <input type="checkbox"/> | MEDICATION | <input type="checkbox"/> |
| DIABETES OR HYPOGLYCEMIA | <input type="checkbox"/> | BEE STINGS/INSECT BITES | <input type="checkbox"/> |
| HEMOPHILIA, OR OTHER BLEEDING PROBLEMS | <input type="checkbox"/> | FOODS | <input type="checkbox"/> |
| CIRCULATORY OR HEART PROBLEMS | <input type="checkbox"/> | OTHERS, IF SIGNIFICANT | <input type="checkbox"/> |
| EPILEPSY | <input type="checkbox"/> | | <input type="checkbox"/> |

DETAILS: _____

DATE OF LAST TETANUS SHOT: _____ BLOOD TYPE: _____

CURRENT MEDICATIONS IF ANY: _____

DOES THE ABOVE NAMED INDIVIDUAL HAVE ANY MEDICAL CONDITION THAT MAY AFFECT PARTICIPATION IN ACTIVITIES AT THE USSC? IF YES, PLEASE EXPLAIN: _____

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION