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| 2024 SIRA/TYC RACE REGISTRATION FORM |
| BACKGROUND INFO FAMILY MEMBERSHIP |
| Names: Skipper; Family members;  |
| Address:  |
| **City:** |  | State:  | Zip:  |
| **Res. Tel..:** |  | E-mail:  |
| **Bus. Tel.:** (optional) |  |  |
| **Cell Tel.:** |  |  |
| BOAT INFORMATION |
| Make:  | Model:  | Year:  |
| Boat Name:  | Sail #:  |  |
| Moored At:  |  |  |
| Circle either: TYC MEMBER: YES SIRA MEMBER YES |
| DUES INFORMATION SIRA MEMBERS ONLY (Payment to SIRA)Racing full year Spring & Summer I & II and Fall $50.00 Fall only $25.00 |
| **SERIES INFORMATION**  |
| **WEDNESDAY - SPRING Warmup races SPINNAKER & NON SPINNAKER FLEETS, circle one (Yellow Flag rule)****WEDNESDAY- SUMMER 1&2 A & B SPINNAKER Fleets (Yellow Flag spinnaker rule) circle one** **C & D NON-SPINNAKER Fleets circle one****SATURDAY – FALL Series SPINNAKER & NON- SPINNAKER FLEETS, circle one (Yellow Flag rule for spinnaker fleet)** |
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| 2024 PHRF-NB CERTIFICATES MUST BE AVAILABLE TO THE RACE COMMITTEE CHAIRMAN TWO (2) WEEKS PRIOR TO BEING SCORED IN ANY SERIES (LATE CERTIFICATES NOT RETROACTIVE FOR SCORING) |
| COMMITTEE BOAT DUTYALL PRIOR YEAR TYC & SIRA RACING MEMBERS ARE REQUIRED TO SERVE A MINIMUM OF ONE (1) RACE AS COMMITTEE BOAT IN ANY 2024 SERIES. PLEASE CONTACT THE RACE COMMITTEE CHAIR BOB BUFFINTON FOR A DATE |
| WAIVER OF LIABILITY AND ASSUMPTION OF RISK CERTIFICATEI the undersigned yacht owner, to the fullest extent permitted by law, hereby waive any and all rights which I may have against the Tiverton Yacht Club and/or Spar Island Racing Association, Inc. its officers, directors, agents, servants and employees arising out of my participation in any sailing events sponsored by the named organizers with respect to personal injury or property damage suffered by myself or my crew as a result of our participation in these events and hereby release the race organizers from any liability for injury or damage and acknowledge my assumption of risk with respect to the same.**SIGNED: YACHT OWNER/SKIPPER DATE: :**  |
| **TYC MEMBERS RETURN COMPLETED FORM TO:** Bob Horton 294 Burnt Hill Rd., Hope, RI 02831**Or Email to rehorton63@aol.com****SIRA MEMBERS RETURN COMPLETED FORM WITH 2023 MEMBERSHIP FEE OF $50.00****TO:**Bob Horton 294 Burnt Hill Rd., Hope, RI 02831 |