

## Noroton Optimist Team Race Entry Sheet

**Team Name:**  
**Sponsoring Club/Assoc:**  
 Address:  
 City/State/Zip:  
 Phone(s):  
 Fax:  
 Email:

**Date:**  
**Coach/Program Chair:**  
 Phone(s):  
 Fax:  
 Email:

*I certify that the participants listed below 1) are competent sailors, 2) meet the age requirements for Optimist class, and that 3) their boats meet the Optimist safety checklist requirements (see Appendix A, JSA Rules) and are seaworthy. Additionally, the combined 2005 Waiver Agreement, Participant & Medical Information, and Medical Authorization forms have been fully executed and are attached to this entry for each member of the team.*

\_\_\_\_\_

Signature of Coach or Program Chair

\_\_\_\_\_

Date

**Note:** All ages are as of the 31<sup>st</sup> day of December 2005.

| Sail # | Skipper Last Name | Skipper First Name | Age | (M)ale or (F)emale |
|--------|-------------------|--------------------|-----|--------------------|
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