



2008 WIND Clinic
"Creating Future Generations of Champions"

WIND Clinic Application Instructions:

For your application to be considered, all sailors (skipper and crew) must complete and submit the following items:

1. Liability Release
2. Medical Release
3. Resume
4. Entry Fee - check (payable to Columbia Gorge Racing Association)
\$350 for Laser and Radial sailors,
\$700 for Club 420's, Vanguard 25's and 29er teams.

Note: Both competitors must have a signed liability release and medical release on file to participate.

Applications will not be considered without payment.

In order to register for the WIND Regatta, you will also need to complete the regatta registration found at www.cgra.org/wind.htm

Please mail application to be received by **July 1, 2008.**

Please send completed form and check to: WIND YOUTH CLINIC REGISTRAR
CGRA
P O Box 19175
Portland, OR 97280
E-mail: Jan@cgra.net



2008 WIND Clinic
"Creating Future Generations of Champions"

Liability Release

(Sailors under the age of 18 must have a parent/ legal guardian's signature.)

I understand that skippers and crews sail entirely at their own risk, and that neither the WIND, Columbia Gorge Racing Association or other host clubs, their Directors or Officers, nor the organizing bodies or committees or individuals appointed or volunteering for the CLINIC accept any liability for damage, material or personal, suffered during the CLINIC or at any other time.

Print Name: _____

Dated: _____ Applicants Signature: _____

Print Name: _____

If under 18, parent/guardian's signature: _____

Print parent or guardian's name: _____



2008 WIND Clinic
"Creating Future Generations of Champions"

Student Medical Release

Please print, fill out, sign and return this form to:

**WIND Registrar
CGRA
P O Box 19175
Portland, OR 97280**

Participant's Name _____

Participant's #-mail Address _____

Address: _____

City: _____ State: _____

Zip Code _____ Tel: () _____

Family Physician: _____ Insurance Co: _____

Policy Number: _____ Tel: () _____

Have you been treated for:

Rheumatic Fever Heart Disease Chronic Disease of the Lung

Asthma Chronic Ear Disease Disease of the bones or joints

Epilepsy Any vision or hearing defect Do you wear Contact Lenses ? ____

Last Physical Examination: _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding license to operate for the State of Oregon Department of Public 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.

Signed: _____ Date: _____

(If over 21 participant. If under 21, Mother, Father or Legal Guardian)

In case of Emergency, Please Notify: Name: _____

Or _____ Tel/Cel: _____



2008 WIND Clinic
Cascade Locks Marine Park - July 9-11
"Creating Future Generations of Champions"

Official Resume and Request for Entry

*Submit your resume so that it is **received** by July 1, 2008*

Skipper's Name: _____ **US SAILING/CYA Membership:** _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail: _____ Birth Date: _____

Member of Club: _____

Crew Name: _____ **US SAIL/CYA Membership:** _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail: _____ Birth Date: _____

Member of Club: _____

Please list your top ten sailing accomplishments in the last 2 years, including name of event, who from your Team participated, position on boat and finish position and number of boats in the race/regatta/fleet

1. _____

2. _____

3. _____

4. _____



2008 WIND Clinic
Cascade Locks Marine Park - July 9-11
"Creating Future Generations of Champions"

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Disclaimer: All those taking part in the event do so at their own risk. The Organizing Authority, its associates and appointees accept no responsibility for any loss, damage, injury or inconvenience incurred, however caused.

My crew and I agree to be bound by the Racing Rules of Sailing, Notice of Race and Conditions and all other Rules that govern this event.

Skippers Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Crew Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Return this form by July 1, 2008 to:

Wind Youth Clinic Registrar
CGRA
P. O. Box 19175
Portland, OR 97280

e-mail: jan@cgra.org
Phone: 360.754.6506

T-Shirt Size: Small Medium Large X-Large