

FLAG #: _____

PAID: _____

COACHES/SUPPORT PERSONNEL REGISTRATION FORM

EVENT: LASER NORTH AMERICAN CHAMPIONSHIP

DATE(S): JULY 11 – 15, 2019

NAME OF COACH/SUPPORT PERSON: _____

CELL PHONE NUMBER: _____ E-MAIL ADDRESS: _____

NAME OF BOAT DRIVER IF DIFFERENT: _____

NAME(S) OF OTHER AFFILIATED COACHES/SUPPORT PERSONEL ON SAME BOAT: _____

YACHT CLUB AFFILIATION IF ANY: _____ COUNTRY OF ORIGIN: _____

MEMBER OF NATIONAL AUTHORITY? YES NO MEMBER OF US SAILING: YES NO

NAME OF NATIONAL AUTHORITY: _____

BOAT BEING USED – TYPE: _____ SIZE: _____ COLOR: _____

BOAT REGISTRATION NUMBER: _____

COMPETITOR(S) AFFILIATED WITH COACH/SUPPORT PERSONNEL LISTED ABOVE:

CLASS (Radial of Full)	SAIL NUMBER	NAME
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

ACKNOWLEDGMENT OF ABYC COACH/SUPPORT PERSONNEL RULES AND OBLIGATIONS:

I have read and understand the attached rules and obligations pertaining to on the water coaching and support during this event. I will abide by these obligations to the best of my ability and understand that a violation of these rules by me or by those other coach/support persons who are affiliated with me may place the overall standing of the competitor(s) listed above at jeopardy. I understand that following a report to the Organizing Authority of a breach of these rules and obligations the Organizing Authority may impose further disciplinary action on me or the other support personnel listed above.

NAME OF COACH/SUPPORT PERSON: _____

SIGNATURE OF COACH/SUPPORT PERSON: _____