



# LaSalle Mariners Yacht Club

## Weekly Racing

May 12th - October 15th, 2025

Class/Make of Boat: \_\_\_\_\_  
Boat Name: \_\_\_\_\_  
Sail Number: \_\_\_\_\_  
Largest Headsail (% Overlap): \_\_\_\_\_  
Owner/Skipper: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Club Affiliation: \_\_\_\_\_

Desired Racing Series: \$30.00 per series or \$75.00 for all 3

### Spring Series

☐

JOG

☐

PHRF

### Summer Series

JOG

☐

PHRF

☐

### Fall Series

JOG

☐

PHRF

☐

### Agreement to Assume Risks and Hold Harmless

In consideration of being permitted to enter this race, all contestants, crew members and guests aboard voluntarily assume the risk of participating in this race and post race activities.

Please initial here:

I agree / certify:

- (a) to hold harmless against the loss, the organization and personnel conducting this race;
- (b) to be bound by The Racing Rules of Sailing and by other rules that govern this event;
- (c) the boat is fully insured for racing;
- (d) I have read Rule 3 of the Racing Rules of Sailing - Decision to Race
- (e) all contestants, crew members and guests aboard the boat have read, understood and signed off on all concussion policy documents.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To enter by email send - the completed signed form to [Imyrcracing@gmail.com](mailto:Imyrcracing@gmail.com)  
- copy of the boats current PHRF certificate  
- Proof of insurance

to [Imyrcracing@gmail.com](mailto:Imyrcracing@gmail.com) and e-transfer the entry fee to [Imyctreasurer@gmail.com](mailto:Imyctreasurer@gmail.com)

or mail/drop off the entry form and insurance into the race Director's box and cheque made out to LaSalle Mariners Yacht Club the race directors box into the treasurer's box in the LMYC Clubhouse.