

**BABYLON YACHT CLUB**  
**2009-2010 FLYING SCOT FROSTBITING SERIES**  
BABYLON YACHT CLUB, EATON LANE, WEST ISLIP, NY, 11795



**2009-2010 FROSTBITING REGISTRATION FORM**

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home  
Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email  
\_\_\_\_\_

Emergency  
Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I agree to be bound by the current Racing Rules of Sailing (RRS), all other rules that govern this event. I also assume full responsibility for starting or continuing to race as per RRS Rule 4, 'Decision to Race'. I understand that the organizing authority, host club and/or personnel conducting this event will not accept any liability for material damages or personal injury or death sustained in conjunction with or prior to, during, or after the event.

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

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

If under 18 Parent or  
Guardian signature: \_\_\_\_\_

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