

2024 FROSTBITE REGISTRATION FORM

Name: _____

Address: _____

City, State: _____ Zip _____

Phone: (home) _____ Cell: _____

Yacht Club affiliation _____

Email: _____

Past Qualifying year(s) _____

FEES: Please check the appropriate box.

Members

- | | |
|---|----------|
| <input type="checkbox"/> Regular or adult family member | \$150.00 |
| <input type="checkbox"/> Junior member | \$75.00 |

Non-Members (accorded limited membership privileges while participating in frostbite activities per Article VIII, Section 4 of the NYC Bylaws)

- | | |
|---|----------|
| <input type="checkbox"/> Adult Newport Resident | \$200.00 |
| <input type="checkbox"/> Adult non-Newport Resident | \$225.00 |
| <input type="checkbox"/> Junior (14 - 17) | \$75.00 |

LIABILITY WAIVER

In accordance with section 7-6-9 of Rhode Island general laws, I hereby waive any liability that the Newport Yacht Club (NYC), its officers, agents or employees might have for, and agree that their officers, agents or employees shall not be liable for any bodily injury to me, or damage to any boat or property of mine, incurred while I am involved in any race, training, regatta or other related activity sponsored by the NYC. I hereby assume all risk of bodily injury or property damage arising while practicing for, or participating in any such activity sponsored or hosted by the NYC

Participant

Signed: _____ Date: _____

Parent or guardian if participant is under 18

Signed: _____ Date: _____

Return this signed form with your check made payable to:

Newport Yacht Club
110 Long Wharf
Newport, RI 02840