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U.S. Junior Women's Doubleh

Ida Lewis Logo

National Championships

Up



## 1999 Ida Lewis

July 8-July 12, 1999

The San Francisco Yacht Club, Belvedere, California

**WINNERS: Abby Swann, Katie Clausen - Glen Ellen, CA**

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## [PICTURES](#)

All Photos © James Sherman



Race Committee headed up by John Scarborough of the San Francisco Yacht Club



Group Shot



Downwind Fleet



Katy Clausen on the Trap & Abby Swan (1999 winners)



Jamie Smith & Julie Manucci



Louise Sherman on the trap & Molly Carapiet

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PO Box 1260, 15 Maritime Drive, Portsmouth, RI 02871-0907 (401) 683-0800

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**Ida Lewis Trophy  
 July 8-July 12, 1999**

*Organizing Authority: United States Sailing Association  
 Host: The San Francisco Yacht Club, Belvedere, California  
 Sponsor: Vanguard Sailboats*

**NOTICE OF RACE**

1. **RULES** - The championship will be governed by the 1997-2000 ISAF Racing Rules of Sailing (RRS), the prescriptions of US SAILING; the rules of the US Club 420 Class (except as any of these are altered by the Sailing Instructions); and by the Sailing Instructions.
2. **ALTERATION OF CLASS RULES** - The rules of the US Club 420 Class are altered so that membership in the class is not required.
3. **ADVERTISING** -This Nationals regatta is classified as a Category B Event in accordance with rule 79, Event Classification; Advertising, and Appendix G4, excluding paragraphs 4.2 (b), (c) and (d).
4. **ELIGIBILITY**
  - 4.1 *All Competitors Must Be:*
    - A. Women ages 13 - 18 in the calendar year, and
    - B. Group 1 or 2 competitors under Appendix R of the racing rules, and
    - C. Members of US SAILING.
  - 4.2 This championship is open to all women who meet the above requirements. No eliminations are required.
5. **BOATS/MEASUREMENT** - Club 420 (spinnaker and trapeze). Competitors are encouraged to bring their own boats. All boats will be inspected. Competitors must supply their own harnesses. *All competitors living on the West Coast must bring their own boats. Boat charter reservations must be received by June 1, 1999. NO EXCEPTIONS.*
6. **FEES** - Entry Fee: \$135 per competitor (includes clinic, lunches, and dinners)  
 Charter Fee: \$350 per boat  
 Damage Deposit: \$250 per boat
7. **SCHEDULE OF EVENTS**

<b>Host Club:</b>	The San Francisco Yacht Club 98 Beach Road Belvedere, CA 94920 415-789-5647;Fax 415 789-5648	<b>Dates:</b>	
<b>Regatta Chair:</b>	Vicki Sodaro 489 Washington Court Tiburon, CA 94920 415-381-1223	July 7 July 8 July 9 July 10-12 July 12 July 13	Early arrivals, no sailing Registration/inspection/clinic Clinic and Skipper's meeting Racing Banquet Departure

8. **ADVANCE REGISTRATION/HOUSING**  
Competitors shall register in advance by completing the registration form and mailing it with three checks (one check for entry fee, one check for charter fee and one check for damage deposit, all payable to The San Francisco Yacht Club) to the yacht club in attention to the Regatta Chairman. *Entries will not be accepted if postmarked after June 14, 1999.* Housing will be provided for competitors. ***Please attach copies of skipper and crew US SAILING Membership cards to your Entry Form.***
9. **COURSES** - Courses will be described in the Sailing Instructions, which will be distributed at registration.
10. **SCORING** - The Low-Point Scoring System, Appendix A2, will apply as modified in the Sailing Instructions.
11. **ALTERNATIVE PENALTY** - Rule 44.2 shall apply.
12. **NUMBER OF RACES** - Maximum of 10 races scheduled with 3 races constituting a series.
13. **COACHING AND/OR SUPPORT BOATS**
- 13.1 Instructors, coaches or other support personnel shall not go afloat in the racing area from the day of the clinic/practice race through the end of the series inclusive, except in spectator boats provided or approved by the regatta organizing authority.
- 13.2 Contestants shall not receive advice, instruction or coaching during the racing day. It is the intent of this rule to prohibit contact during the race day between contestants and any person who, in the opinion of the jury, is a coach, instructor or advisor.
- 13.3 A "racing day" includes the day of the clinic/practice race, if any, and is defined as starting when each competitor has been assigned her boat and equipment prior to the first race of that day and/or is rigging her boat and shall continue until the completion of the last race of that day, after the competitors have been released by the jury. Any instruction furnished during a clinic provided as a part of the regatta shall not be considered "coaching."
14. **DECISIONS OF THE JURY**
- 14.1 The jury may disqualify an infringing boat from all races conducted on the day of the infringement.
- 14.2 Appeals from the decisions of a protest committee in the final series of a US SAILING Championship are to be made to the US SAILING Appeals Committee (see Prescription to RRS 70.1).
15. **SAFETY** - US Coast Guard approved personal flotation device is to be worn, properly fastened, at all times while launching and when sailing. Failure to comply with this rule can result in disqualification as deemed appropriate by the Jury
16. **DISCIPLINE** - In accordance with US SAILING Regulation 5.03, no contestant shall use, either on or off the water, alcoholic beverages (beer, wine, distilled spirits) or use any controlled substance (marijuana, cocaine, etc.) the possession of which is unlawful. This regulation is in effect during the entire event, from date and time of arrival through date and time of departure from the locale. A hearing will be held generally in accordance with the recommendations of Appendix P5 of the RRS. Penalties for a violation of the regulations may range from a reprimand to dismissal from the regatta. Additionally, the hearing officers may recommend further action under rule 69.  
The officers for hearing a violation of US SAILING Regulation 5.03 will consist of the Chief Judge, acting as chairman of the hearing, the jury and the Chairman of the US SAILING Junior Women's Championship Committee or his or her designee in the event he or she is not present. The local event chairman shall serve ex officio as a nonvoting member of the panel and will have an open right to express his or her views during the course of the hearing process.
17. **PRIZES** - The Ida Lewis Trophy is the perpetual trophy presented to the winner. The trophy will remain on display at the Ida Lewis Yacht Club. Keeper trophies will be awarded to the skippers and crew finishing in the top three positions. US SAILING medals will be awarded to the top five finishers. Winner of the Sportsmanship Trophy will be awarded based results of a competitors' secret ballot.
18. **QUALIFIER FOR SUBSEQUENT EVENTS**  
Due to the schedule of the 1999 Youth Worlds being held before this event, this event is not a qualifier for the 1999 Youth Worlds.
19. **FURTHER INFORMATION** - Please contact Regatta Chair Vicki Sodaro @ 415/381-1223; San Francisco YC Race Office at 415 789-5647; Committee Chair Carol Robinson @ 440/356-3234 (R) or 216/263-4434 (B); crobin4000@hotmail.com, or your area representative. Websites: San Francisco Yacht Club: www.sfyc.org; US Sailing: www.ussailing.org



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**US SAILING JUNIOR WOMEN'S DOUBLEHANDED CHAMPIONSHIP  
 FOR THE IDA LEWIS TROPHY**

July 8-12, 1999

**ENTRY FORM**

**Skipper's Name** \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Eve. \_\_\_\_\_ US SAILING member # \_\_\_\_\_

Email address: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

I will require housing for the following nights: (competitors only) July 7\_\_8\_\_9\_\_10\_\_11\_\_12\_\_

Date & time of arrival \_\_\_\_\_ Airline/Flight # \_\_\_\_\_

**Crew's Name** \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Eve. \_\_\_\_\_ US SAILING member # \_\_\_\_\_

Email address: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

I will require housing for the following nights: (competitors only) July 7\_\_8\_\_9\_\_10\_\_11\_\_12\_\_

Date & time of arrival \_\_\_\_\_ Airline/Flight # \_\_\_\_\_

Participants should make arrangements to fly into the San Francisco airport. After retrieving luggage, go outside the Baggage Claim area and board a MARIN AIRPORTER bus for a trip of approximately one hour to the stop at SEMINARY DRIVE in Mill Valley. **The fee for the bus is \$11.** A yacht club member will meet the bus there.

ENTRY FEE \$135.00 per person \$ \_\_\_\_\_

CHARTER FEE \$350.00 per boat \$ \_\_\_\_\_

DAMAGE DEPOSIT (for chartered boats) \$250.00 per boat \$ \_\_\_\_\_

Make checks payable to The San Francisco Yacht Club (three checks: one for entry fee, one for the charter fee and one for the damage deposit). Mail fees and the entry, medical and all other forms to: The San Francisco Yacht Club, 98 Beach Road, Belvedere, CA 94920. **Send one copy of the Entry Form only to US SAILING**

**NOTE:** US SAILING Membership Fees (\$12 youth or \$60 family) should be sent directly to:

US SAILING, PO Box 1260, Portsmouth, RI 02871

**No entries accepted after June 14, 1999. To be considered as a bona fide entry, your entry must include appropriate check(s). A fax without a check will be considered as a completed entry based on the postage date of the envelope used to send the check.**

**CHARTER DEADLINE: JUNE 1, 1999 ENTRY DEADLINE: JUNE 14, 1999 postmark**

**LAST NAME** \_\_\_\_\_

CHARTER BOATS will be awarded according to distance and postmark of entry. The deadline for reserving a boat is June 1, 1999. Any boats not reserved by that date will be released back to Vanguard. Please explain why you will be unable to bring your own boat:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the three most important regattas that you participated in during the 1998-1999 seasons and where you placed out of how many entrants. Also list the class of boat you raced and any clinics you may have participated in (one or two is adequate).

REGATTA 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

CLINIC 1) \_\_\_\_\_  
2) \_\_\_\_\_

YACHT CLUB AFFILIATION: \_\_\_\_\_

School Name: \_\_\_\_\_ Year as of Sept. '99 \_\_\_\_\_

**MEDIA INFORMATION (Please fill out for both competitors)**

Hometown Daily Newspaper \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Contact \_\_\_\_\_

Hometown Weekly Newspaper \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Contact \_\_\_\_\_

Regional Daily Newspaper \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Contact \_\_\_\_\_

**CONSENT**

*The signed consent form MUST be on file in order to complete registration.*

In consideration for my participation in a US SAILING event, I hereby grant US SAILING the right to use my name, picture, image, voice, and sports performance in the possible creation of promotion and advertising for the US SAILING Junior Women's Doublehanded Championships. This consent is given only and specifically for promotion and advertising of the US SAILING Junior Women's program. Consent is *not given* to use my name, picture, image, voice, and sports performance in the creation of promotion and advertising of any commercial product or service, directly or indirectly.

**PARTICIPANT** (Signature): \_\_\_\_\_ **NAME** (print) \_\_\_\_\_

**PARENT OR GUARDIAN** (Signature): \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME** (Printed): \_\_\_\_\_

## **MEDICAL CONSENT FORM**

**NAME OF PARTICIPANT** (printed): \_\_\_\_\_

**NAME OF PARENT OR GUARDIAN** (printed): \_\_\_\_\_

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named below as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the Yacht Club or while participating in any activity sponsored by or under the auspices of said Club under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize any officer or member of The San Francisco Yacht Club to consent to such medical care, attention or treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost The San Francisco Yacht Club and the United States Sailing Association and its officers and members thereof.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of 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.

**IN CASE OF EMERGENCY CALL:**

NAME	RELATIONSHIP	PHONE NUMBER

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:**

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

***PLEASE FILL OUT THE REVERSE SIDE***

## MEDICAL AND EMERGENCY INFORMATION

NAME: \_\_\_\_\_ SEX \_\_\_\_\_(M) \_\_\_\_\_(F)

ADDRESS: \_\_\_\_\_  
*Street/P.O. Box*

\_\_\_\_\_ *City* *State* *Zip*

TELEPHONE \_\_\_\_\_(R) \_\_\_\_\_(B) DATE OF BIRTH: \_\_\_\_\_

**THE PARTICIPANT AND HER PARENTS MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:**

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:		ALLERGIES:	
ASTHMA, OR OTHER RESPIRATORY PROBLEMS	<input type="checkbox"/>	MEDICATION	<input type="checkbox"/>
DIABETES OR HYPOGLYCEMIA	<input type="checkbox"/>	BEE STINGS/INSECT BITES	<input type="checkbox"/>
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	<input type="checkbox"/>	FOODS	<input type="checkbox"/>
CIRCULATORY OR HEART PROBLEMS	<input type="checkbox"/>	OTHERS, IF SIGNIFICANT <i>(describe below)</i>	<input type="checkbox"/>
EPILEPSY	<input type="checkbox"/>		<input type="checkbox"/>

DATE OF LAST TETANUS SHOT: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

CURRENT MEDICATIONS IF ANY: \_\_\_\_\_

DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mail to:      The San Francisco Yacht Club  
Race Office  
98 Beach Road  
Belvedere, CA 94920**

***PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION***

US SAILING JUNIOR WOMEN'S DOUBLEHANDED CHAMPIONSHIP

**RELEASE FORM**

PRINT NAME OF COMPETITOR \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS' DAYTIME PHONE ( ) \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

I accept US SAILING's invitation to sail in the US SAILING Junior Women's Doublehanded Championship. By accepting this invitation, I agree to comply with the restriction on drinking and the use of illegal drugs, and with the 11:00 pm curfew for the entire event. I also agree to share in the responsibility for making the event run smoothly both on and off the water, and I will participate in special events and programs provided for me. In particular, I will respect that others are also taking this championship seriously, I will respect property that is not mine, I will respect the efforts of the event hosts, and I will respect and show appreciation for the generosity of my housing hosts.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**PRINT** Your Name *CLEARLY*                      **SIGN** Your Name                      **DATE**

COMPETITOR'S PARENT(S) AGREEMENT: I/We have read the competitor's agreement above and the restriction below on the use of alcohol and illegal drugs during the US SAILING Junior Women's Doublehanded Championship event. I/We fully understand that first time offenders of the restriction will immediately be removed from the racing. I/We also understand that offenders of the restriction on the final two days will receive much stricter penalties. I/We understand that I/We are responsible for the behavior of my/our child and liable for any damage to property, including chartered boats/boards caused by her.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
PARENT printed name                      PARENT Signature                      **DATE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
PARENT printed name                      PARENT Signature                      **DATE**

***PLEASE FILL OUT THE REVERSE SIDE***

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**HOST CLUB TRAVEL AND HOUSING FORM**

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**TRAVEL**

Print Competitor's Name: \_\_\_\_\_

☺ **CAR:** Give estimated **DAY, DATE** and **TIME** of arrival

\_\_\_\_\_

Please list each person you will be driving with to the event: \_\_\_\_\_

\_\_\_\_\_

Will you be the driver of this car during the event? YES\_\_\_\_ NO\_\_\_\_

☺ **PLANE**

**ARRIVAL:** DAY \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_\_ AIRLINE \_\_\_\_\_

FLIGHT # \_\_\_\_\_ AIRPORT NAME \_\_\_\_\_

**DEPARTURE:** DAY \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_\_ AIRLINE \_\_\_\_\_

FLIGHT # \_\_\_\_\_ AIRPORT NAME \_\_\_\_\_

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**HOUSING**

We plan to house you for the entire event, unless you were granted permission from the Jr. Women's Committee Chairman, in which case we will expect you to inform us of your particular arrangements in writing.

Do you anticipate anyone accompanying you (e.g. a parent or coach)? If so, how many and who?

No. of people: \_\_\_\_\_ Name of each: \_\_\_\_\_

No. of people who would like to be on a spectator boat: \_\_\_\_\_ (Only boats designated as spectator boats may be used during the event. Please do not plan on using your own boat as a spectator boat without written permission from the Jr. Women's Committee Chairman.)

No. of spectators per day: \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ Monday \_\_\_\_\_

**(NOTE:** Though your guests are welcome, we cannot be responsible for their housing, food, or transportation. We will make every effort to provide spectator boats.)

Please clearly write out below any special requests or considerations you have for housing, food or any other situations you would like us to be aware of. (Please put medical considerations and comments on the **MEDICAL CONSENT FORM**.)

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**MAIL THIS FORM BY June 14,1999 TO:**  
**The San Francisco Yacht Club**  
**Race Office**  
**98 Beach Road**  
**Belvedere, CA 94920**

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**CHANGE OF PLANS:** *As a courtesy to the host club and its members, please notify the club of any changes in your travel plans. (415/789-5647)*











