MAYOR'S CUP
NEW YORK CITY KAYAK CHAMPIONSHIPS

TUNE UP
KAYAK TRAINING SERIES
MAYOR'S CUP NEW YORK CITY KAYAK CHAMPIONSHIPS

REGISTRATION FORM ☐ Mayor's Cup - October 18, 2009 ☐ Metedeconk River Run - June 20, 2009 ☐ Bear Mountain Challenge - August 23, 2009

TITLE (MR. MRS. MS. DR.) | FIRST NAME | MIDDLE INITIAL(S)

LAST NAME

SUFFIX (SR., JR., III) | PROFESSIONAL DEGREE (MD,PHD) | BIRTH DATE M M D D Y Y Y Y | GENDER M F

E-MAIL ADDRESS | THIS IS MY EMAIL AT HOME H WORK W

COMPANY NAME

COMPANY ADDRESS

CITY | STATE

ZIP | WORK PHONE (AREA CODE) — — | EXTENSION

HOME ADDRESS

HOME ADDRESS 2

CITY | STATE

ZIP | HOME PHONE (AREA CODE) — — | T-SHIRT SIZE *from XS to XXL*

BOAT INFO: Make: _____ Model: _____ Paddle ☐ Euro blade ☐ Wing

Color *(Deck/Hull)* : _____/_____ Lenght: _____ Width: _____ Racing Class: _____

MAYOR'S CUP ☐ $125 - *registration closes 10/12/09 - First Launch 8:00 am*

METEDECONK RIVER RUN - new course options - *All race day registrations add $5*
- ☐ .5 MILE FAMILY FRENZY COURSE – 10:00 AM LAUNCH
- ☐ 1.0 MILE SIT ON TOP COURSE – 11:00 AM LAUNCH

$25 entry fee for adults - includes T shirt and lunch
$10 entry fee for kids - includes T shirt and lunch
3 prizes(1st, 2nd 3rd prizes plus Best decorated boat)

☐ *6 mile course* ☐ *14 mile course - $45 - 12:00 pm Launch*

BEAR MOUNTAIN CHALLENGE $45 - *All race day registrations add $5*
☐ *14 mile course - 11:30 am Launch*

Please visit WWW.NYMAYORSCUP.COM for more details

Please register on line with *PayPal* for Credit Card transactions

Enclosed is my check for $_____ for _____ participants.

MAKE CHECKS PAYABLE TO: RAY FUSCO INC.

WAIVER: IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE MAYOR'S CUP I, HEREBY FOR MYSELF, MY HEIRS, AND MY PERSONAL REPRESENTATIVES ASSUME ANY AND ALL RISKS THAT MIGHT BE ASSOCIATED WITH THE EVENT. I FURTHER WAIVE, RELEASE, DISCHARGE, AND COVENANT NOT TO SUE RAY FUSCO, INC., ITS OFFICERS, EMPLOYEES, SPONSORS, ORGANIZERS, VOLUNTEERS OR OTHER REPRESENTATIVES OR AGENTS OR THEIR SUCCESSORS AND ASSIGNS OR THE OWNER OF THE SITE FOR THE EVENT OF THEIR RESPECTIVE OFFICERS, EMPLOYEES OR OTHER REPRESENTATIVES OR AGENTS OR THEIR SUCCESSORS AND ASSIGNS FOR ANY AND ALL INJURIES OR DAMAGES OF ANY KIND WHATSOEVER SUFFERED AS A RESULT OF ME AND/OR MY CHILD TAKING PART IN THE EVENT AND ANY RELATED ACTIVITIES. I ALSO AGREE TO THE USE OF ANY PHOTO, FILM, OR VIDEOTAPE OF THE EVENT FOR ANY PURPOSE. I ALSO GIVE MY FULL PERMISSION FOR SUCH FIRST AID AS DEEMED NECESSARY TO BE PROVIDED TO ME OR MY CHILD ON THE PREMISES OR PRIOR TO TRANSPORT TO A HOSPITAL FOR FURTHER TREATMENT.

PARTICIPANT: _____ DATE: _____

GUARDIAN: _____ DATE: _____