



Mail to: OPA Racing Registration, 100 Silver Ave, Kellogg, ID 83837 email: opa@oparacing.org

2020 Registration Instructions

The 2019 OPA Registration forms are now available online in the Resources section of the OPA website. You can submit the registration forms email or regular mail. **OPA is no longer accepting registration paperwork via FAX.** The OPA Racing forms will allow you to type in the information for easy printing or email.

DO NOT submit any signed forms to OPA! You must leave the signature & date fields blank. All OPA forms MUST be signed in person at registration.

Submit the following accordingly:

For each **Individual Racing member**,

- Membership/Medical Form
- Medical Rescue

For each **Individual Non-Racing member**, Please submit:

- Membership/Medical Form - REQUIRED to have Hot Pit Access (Crane & Wet Pits)

For each **Team/Boat**, Please submit:

- Equipment Registration
- Race Entry Form
- W-9

This packet can be found on the OPA website under Rules: <http://www.oparacing.org/rules.html>

HOW TO SEND OPA FORMS VIA EMAIL?

After you type in the information for the form, click how you would normally PRINT the form. But instead of hitting print when the window to print appears, change the printer in the dropdown menu to print as a "PDF". This will create the form as a document and allow you to attach the forms in the email.

Please call if you have any issues saving you forms with the inputted information ... 732-977-5638

Email forms to opa@oparacing.org

HOW TO SEND OPA FORMS VIA MAIL?

Mail forms to:

Dee Ungarten
c/o OPA Racing
100 Silver Ave,
Kellogg, ID 83837

Make checks payable to: OPA Racing
For Credit Card payment, call 732-977-5638

Racers will only need to fill out registration paperwork at the first event that is attended. Pre-printed Race Entry Forms & Medical Rescue forms will be at registration for teams thereafter their 1st attended race. All members are required to sign all appropriate papers in order to race at each event in person.

FEES – OPA MEMBERSHIP

- **Racing Member:** The Driver, Throttleman, and Navigator must be an OPA member at a fee of **\$150.00 per person.**
- **Non-Racing Member:** Crew must be an OPA member at a fee of **\$100.00 per person.**

Only persons that are current OPA members will be permitted in the hot pit areas (crane, ramp & wet pits). As well as ONLY persons that are current OPA members will be permitted to board boats while in the dry pit areas. Any person that is in the vehicle at the crane and/or ramp MUST be a current OPA member.

FEES – EQUIPMENT REGISTRATION

Each racing hull must be registered annually

- Production Classes 1-6: Fee \$1500.00
- Production Class 7: Fee is waived for the 2020 season
- Stock Vee: Fee \$1500.00
- Modified Vee: Fee \$1500.00
- Vee Extreme: Fee \$1500.00
- Super Stock: Fee \$1500.00
- Super Cat: Fee \$2000.00
- ClassONE USA: Fee \$2000.00
- Extreme: Fee \$2000.00

ENTRY FEES

- Production Classes 1-7: Fee is waived
- P1 Superstock: TBD
- Stock Vee: \$500.00
- Modified Vee: \$500.00
- Vee Extreme: \$500.00
- Super Stock: \$500.00
- Super Cat: \$1500.00
- ClassONE USA: \$2000.00
- Unlimited: \$2000.00

Entry Fee for Cocoa Beach & Sarasota will be collected by Powerboat P1. Visit the P1 Offshore website for Entry Fees <http://p1offshore.com/>

In regards to **Physicals**, you need to have documentation stating that you are physically fit to race this season with OPA Racing. Accepted documents are: (1 of the below MUST be submitted with registration or on-site at the race site)

- medical note from your doctor on their prescription pad stating that it is okay for you to race with OPA for the 2019 season.
- a complete copy of your physical
- CDL documentation (Medical Examiner's Certificate Card)
- Class 3 license or better acquired from airports

If any of the above expires during to the 2020 race season you will be required to submit a new medical document in order to complete in the 2020 race season. Medical documentation MUST be submitted each race season. OPA does NOT make copies of medical documentation to carry forward from the previous season.

APBA Memberships FOR THE 2020 RACING SEASON!

OPA members MUST be an active racing/riding member with APBA in the Offshore division. Visit the APBA website to register/renew your membership <http://www.apba.org/membership>

If you opt to pay your OPA fees on site but have previously paid your APBA membership you MUST show your APBA membership card in registration. If you do not show your membership card in registration, you will be require to submit a form of payment (check or credit card). If verification is of previous payment is produced, you will be contacted and either the check returned or credit card refunded.



OFFSHORE POWERBOAT ASSOCIATION

Mail to: OPA Racing Registration, 100 Silver Ave, Kellogg, ID 83837 email: opa@oparacing.org

2020 EQUIPMENT REGISTRATION FORM

BOAT NAME _____ **BOAT NUMBER** _____

BOAT CLASS: Class 1 Class 2 Class 3 Class 4 Class 5 Class 6 Class 7

ProStock V SVX Vee Extreme Super Stock Super Cat ClassONE Unlimited Other _____

If different than Boat Name, TEAM NAME _____

OWNER NAME _____

SS# or FEIN# _____ **PHONE:** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL: _____

CORP REPRESENTATIVE _____ **TITLE** _____

DRIVER OF RECORD: _____

BOAT: YEAR _____ **MAKE** _____ **MODEL** _____ **LENGTH** _____

STYLE: CAT VEE **TYPE:** Canopy Open **COLOR** _____

ENGINE: MAKE/MODEL _____

MOTOR: SINGLE _____ **DISP EACH** _____ **HP EACH** _____ **STYLE:** I/O O/B

OUTDRIVE: MAKE/MODEL _____

GEAR RATIO _____ **PROP SIZE** _____ **BOAT LAUNCH:** Crane Ramp

In consideration of promotional endeavors, I hereby assign all commercial communication, advertising and broadcast rights to OPA Racing, LLC and do declare it as my lawful agent and representative regarding such rights. I agree, that OPA Racing LLC or its assignee's, on a non-exclusive basis, may use my name and likeness, including multimedia entailing video footage, webstream, photos, merchandising, etc. of myself & my racing equipment taken at any OPA Racing event. The previously mentioned pertains to all types of OPA members (racers, crew, staff, photographers, volunteers, media, etc.)

SIGNATURE _____ **Date** _____

OPA USE ONLY

AMOUNT: _____ **RECEIVED BY** _____ **Date** _____



OFFSHORE POWERBOAT ASSOCIATION

Mail to: OPA Racing Registration, 100 Silver Ave, Kellogg, ID 83837 email: opa@oparacing.org

2020 RACE ENTRY FORM

EVENT NAME _____ Dates of Event _____

NAME OF BOAT _____ TEAM NAME _____

BOAT NUMBER _____ BOAT CLASS _____

Check if owner of boat is: Driver Throttleman Navigator Not Racing in Boat

DRIVER: _____ Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

THROTTLEMAN: _____ Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

NAVIGATOR: _____ Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

OTHER: _____ Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

BOAT: YEAR _____ MAKE _____ MODEL _____ LENGTH _____

STYLE: Cat Vee TYPE: Canopy Open COLOR _____

ENGINE: MAKE/MODEL _____ MOTOR: Single Twin

DISP EACH _____ HP EACH _____ OUTDRIVE: MAKE _____ STYLE: I/O O/B

BOAT LAUNCH: Crane Ramp DRIVER OF RECORD _____

OFFICIAL USE ONLY

RECEIVED BY _____ Date _____



OFFSHORE POWERBOAT ASSOCIATION

Mail to: OPA Racing Registration, 100 Silver Ave, Kellogg, ID 83837 email: opa@oparacing.org

2020 MEMBERSHIP FORM

NAME _____ Date of Birth _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BOAT NAME: _____ POSITION: _____

Boat # _____ BOAT CLASS _____ DRIVER OF RECORD: YES NO

SOCIAL SECURITY NUMBER _____ - _____ - _____ AGE _____ Weight _____

PHONE _____ EMAIL _____

DATE OF LAST RECEIVED TETANUS SHOT _____ BLOOD TYPE: _____

CURRENT PRESCRIPTION MEDICATION(S)? _____

CURRENT OVER THE COUNTER MEDICATION(S)? _____

CURRENT SUPPLIMENT(S)/VITAMIN(S)? _____

ANY MEDICATION ALLERGIES? IF YES, PLEASE LIST _____

ANY FOOD ALLERGIES? IF YES, PLEASE LIST _____

OTHER ALLERGIES? _____

DOCTOR: NAME: _____ PHONE #: _____

MEDICAL HISTORY: _____

____ HISTORY OF SEIZURES? _____ DIABETIC _____ If Yes, Type _____

____ TAKING STEROIDS _____ HIGH BLOOD PRESSURE _____ Medication: _____

____ TAKING BLOOD THINNERS _____ History of Heart Problems _____ If Yes, Type: _____

INSURANCE COMPANY: _____ POLICY# _____

Other Specifics for Personnel: _____

By listing the persons below as your Emergency Contact, you hereby give your permission to Consent for Treatment.

EMERGENCY CONTACT NAME: _____ RELATION: _____

STATE: _____ PHONE: _____

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STATE: _____ PHONE: _____

In consideration of promotional endeavors, I hereby assign all commercial communication, advertising and broadcast rights to OPA Racing, LLC and do declare it as my lawful agent and representative regarding such rights. I agree, that OPA Racing LLC or its assignee's, on a non-exclusive basis, may use my name and likeness, including multimedia entailing video footage, webstream, photos, merchandising, etc of myself & my racing equipment taken at any OPA Racing sanctioned event. The previously mentioned pertains to all types of OPA members (racers, crew, staff, photographers, volunteer, media, etc.)

SIGNATURE _____ Date _____

RACING MEMBER (\$150) _____ NON-RACING MEMBER (\$100) _____

OPA USE ONLY

RECEIVED BY _____ Date _____

_____ ← **BOAT #**

BOAT NAME _____

RACER NAME: _____

BOAT Class _____ RACER'S POSITION: _____

BOAT Launch: _____ HULL COLOR _____

HULL STYLE: Cat _____ Vee _____ COCKPIT: Canopy _____ Open _____ MOTOR STYLE: I/O _____ O/B _____

DOB _____ WEIGHT _____ BLOOD TYPE: _____ LAST TETANUS SHOT _____

CURRENT PRESCRIPTION MEDICATION? _____

CURRENT OVER THE COUNTER MEDICATION? _____

CURRENT SUPPLIMENT(S)/VITAMIN(S)? _____

ANY MEDICATION ALLERGIES? IF YES, LIST _____

ANY FOOD ALLERGIES? IF YES, LIST _____

OTHER ALLERGIES? _____

DOCTOR: NAME: _____ PHONE: _____

___ HISTORY OF SEIZURES? _____ DIABETIC _____ If Yes, Type _____

___ TAKING STEROIDS _____ HIGH BLOOD PRESSURE _____

___ TAKING BLOOD THINNERS _____ History of Heart Problems _____ If Yes, Type: _____

INSURANCE COMPANY: _____ POLICY# _____

MEDICAL HISTORY: _____

By listing the person(s) below as your Emergency Contact, you hereby give your permission to Consent for Treatment.

EMERGENCY CONTACT NAME: _____ RELATION: _____

STATE: _____ PHONE: _____

EMERGENCY CONTACT NAME: _____ RELATION: _____

STATE: _____ PHONE: _____

OPA USE ONLY

Race	Date	BP	Pulse	Initial	Breathalyzer	Time	Initial	Signature: Consent for Treatment

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.