

**PARENT CONSENT, WAIVER OF LIABILITY  
AND MEDICAL RELEASE**

**SOUTH EAST INTERSCHOLASTIC SAILING ASSOCIATION (SEISA),  
Houston Yacht Club, Shoreacres, TX  
National Singlehanded High School Championship (Cressy) Qualifying Regatta**

**October 15 - 16, 2011**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

List all known allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Medical Insurance Information:

Father's Insurance Coverage

Mother's Insurance Coverage:

Carrier: \_\_\_\_\_

Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

As the parent/guardian of the above named student, I hereby acknowledge that the risk of injury, including serious debilitating injury, is involved in athletic participation. I recognize that ISSA, SEISA, Texas Corinthian Yacht Club, and their representatives make efforts to reduce these risks, but further recognize that their efforts cannot and will not eliminate all such risks. I am aware of the risks involved, and give my consent for the above named student to participate in all activities associated with the SEISA District Cressy Qualifying regatta.

I am aware that ISSA, SEISA and Texas Corinthian Yacht Club do not carry medical insurance for students and that medical insurance coverage will be provided by parent/guardian. Evidence of such coverage is provided above.

I further release and hold harmless ISSA, SEISA and Texas Corinthian Yacht Club, their Officers, Directors, Trustees, agents, employees, coaches and athletic trainers, and event vendors, from any and all liability arising from the above-named student's participation in the SEISA District Cressy Qualifying regatta.

**PERMISSION FOR MEDICAL CARE**

*I hereby grant permission to any appropriately qualified health care professional to give any and all medically appropriate emergency care to my son/daughter/ward, including but not limited to anesthesia and surgery.*

\_\_\_\_\_  
Father/Legal Guardian Date

\_\_\_\_\_  
Mother/Legal Guardian Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Home telephone Work telephone

\_\_\_\_\_  
Home telephone Work telephone

**SEISA DISTRICT QUALIFYING REGATTA  
for the  
NATIONAL HIGH SCHOOL SINGLEHANDED CHAMPIONSHIP  
Houston Yacht Club, Shoreacres, TX  
ENTRY FORM – DUE BY OCTOBER 15, 2011**

**Radial** \_\_\_\_\_ **Full Rig** \_\_\_\_\_ **Sail Number** \_\_\_\_\_

Sailor: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

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

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

Name of High School \_\_\_\_\_

**Note:** The high schools of all competitors must be registered with SEISA/ISSA and have dues paid for the 2011-2012 season prior to competing in this event.

Adult Chaperone: \_\_\_\_\_ Contact number during event: \_\_\_\_\_

<b>ENTRY FEES:</b> \$35.00 per sailor	\$35.00
Additional Lunches @ \$15 each    # of lunches _____	\$ _____
Total Due	\$ _____

Please make checks payable to:  
**Malinda Crain - SEISA**

Send all entries to: Cressy Qualifying Regatta  
c/o Malinda Crain  
3620 Del Monte Drive  
Houston, TX 77019