

**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, Houston 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 Houston 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 Houston 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: _____

ENTRY FEES: \$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