

2008 USODA National Championship and 2008 Girls Nationals

Wednesday July 23 through Sunday July 27, 2008

South Bay Scooter Club Patchogue, NY

WAIVER FORM

Competitor's Name: _____ Age on 07/24/08: _____

White Fleet (10 + under) _____ Opti Blue (11-12) _____ Opti Red (13+) _____ Green Fleet _____

Sail #: _____ M _____ F _____

Girls Nationals, Wednesday July 23 Y _____ N _____

Competitor's Address: _____

Parent's e-mail: _____ Home Phone #: _____ Fax #: _____

Club Affiliation: _____

Adult Responsible for Competitor at Event: _____ Adult's Cell #: _____

WAIVER OF LIABILITY, MEASUREMENT, SAFETY CERTIFICATION and USE OF LIKENESS

We recognize and understand that participation in this Regatta is voluntary and that the competitor incurs risk by participating including the possibility of injury or death. In consideration of the acceptance of the competitor's entry, I the parent, waive, both for myself and for my child, any and all claims, charges, losses and liabilities including those caused by negligence or relating to the results of the event, qualification for the USODA Team Trials, or invitations to any team sponsored by the USODA,, against the South Bay Scooter Club or the USODA and their respective officers, trustees, contractors, employees, members, and volunteers, that may arise from or in any way be in connection with the activities of the Regatta. We are aware that the activities of the competitor may involve maneuvering a boat on water in potentially hazardous conditions which may include among other things, cold water temperatures, strong winds, high waves, lightening, sudden and unexpected immersion in deep waters and collisions with other water craft or stationary objects such as docks, pilings and buoys. I, the parent, understand that I am responsible for the actions of my child while he or she is participating in the Regatta both on land and at sea and that I am solely responsible for whether or not my child participates or sails each day in the weather conditions. We also agree that my child is bound by the Racing Rules of Sailing, the rules of the USODA and the IODA, the Notice of Race, and the Sailing Instructions.

We certify that no equipment bearing a USODA measurement sticker or stamp has been altered since the sticker or stamp was affixed, that the boat in which the competitor will compete is safe and seaworthy, and that the boat and competitor will carry all safety equipment and features required by IODA, USODA and the US Coast Guard.

We grant to the USODA and the Sarasota Sailing Squadron, Sarasota Youth Sailing Program the right to use my child's name, age and photograph, without compensation, in any press release, web site posting, advertisement, brochure or other medium intended to publicize this regatta or the USODA.

Signed (parent or guardian): _____ Date: _____

Competitor's Signature: _____

Registration and payment is to be completed on line at www.ice-scooter.org. Registration is incomplete if the registration has not been completed on line and this form together with the medical form completed and submitted to

Wes Whitmyer
2008 USODA National Championship
St. Onge Steward Johnston & Reens LLC
986 Bedford Street
Stamford, Connecticut 06905
(203) 327-1096 (fax)

**2008 USODA NATIONAL CHAMPIONSHIP AND 2008 GIRLS NATIONALS
HEALTH CARE AND EMERGENCY INFORMATION
AND
AUTHORIZATION FOR HEALTH CARE TREATMENT**

NAME: _____ GENDER _____ (M) _____ (F)

ADDRESS: _____

Street/P.O. Box

City State Zip

TELEPHONE _____ (R) _____ (B)

DATE OF BIRTH: _____

ADULT RESPONSIBLE FOR COMPETITOR AT EVENT: _____

ADULT'S CELL #: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE:

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

CHRONIC AILMENTS:		ALLERGIES:	
ASTHMA, OR OTHER RESPIRATORY PROBLEMS		MEDICATION	
DIABETES OR HYPOGLYCEMIA		BEE STINGS/INSECT BITES	
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS		FOODS	
CIRCULATORY OR HEART PROBLEMS		OTHERS, IF SIGNIFICANT	
EPILEPSY			

CURRENT MEDICATIONS, IF ANY: _____

DETAILS: _____

HEALTH INSURANCE CARRIER: _____ Certificate # _____

PRIMARY CARE PHYSICIAN: _____ Phone # _____

AUTHORIZATION FOR TREATMENT

In the event my child, _____, is injured or ill while attending the 2008 USODA NATIONAL CHAMPIONSHIP OR 2008 GIRLS NATIONALS, I hereby give my permission for the administration of all reasonable health care treatment. I expressly authorize any officer, member or volunteer from either the South Bay Scooter Club or the USODA to consent to such health care treatment. Such treatment may include but is not limited to x-ray examination, dental, anesthesia, medical or surgical diagnosis or treatment. I understand that this authorization is given in advance of any specific diagnosis or treatment or hospital care. It is given to provide the authority and power to the health care professionals to exercise their best professional judgment. It is understood that efforts will be made to contact me prior to providing such treatment but I also understand that the treatment may occur if I cannot be contacted.

I also agree to pay the reasonable cost of any such health care attention or treatment and to reimburse the South Bay Scooter Club, the USODA, or any person who incurs expenses for this health care treatment.

(parent signature)

(date)

(parent signature)

(date)

Mail to:

Wes Whitmyer
2008 USODA National Championship
St. Onge Steward Johnston & Reens LLC
986 Bedford Street
Stamford, CT 06905