

**PARENT CONSENT, WAIVER OF LIABILITY
AND MEDICAL RELEASE**
**SOUTH EAST INTERSCHOLASTIC SAILING ASSOCIATION (SEISA),
SEISA Singlehanded High School Championship - Cressy Qualifying Regatta
September 14-15, 2019**

Student's Name: _____

Date of Birth: _____ School: _____ Grade _____

List all known allergies: _____

Medical Issues: _____ Current Medications: _____

Medical Insurance Information: Insured Name _____

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, PCYC, 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 Champs/Cressy Qualifying regatta.

I am aware that ISSA, SEISA and PCYC 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 PCYC, 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 Champs/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.

Print Name

Print Name

Father/Legal Guardian Signature Date

Mother/Legal Guardian Signature Date

Address

Address

City State Zip

City State Zip

Home Telephone Work/Cell

Home Telephone Work/Cell

2019 SEISA District Single-Handed Championship Regatta
Qualifier for the
NATIONAL HIGH SCHOOL SINGLEHANDED CHAMPIONSHIP- CRESSY TROPHY
Pass Christian Yacht Club (PCYC), Pass Christian, MS

ENTRY FORM – DUE BY September 13, 2019 - email to: Laura Burns -
baconburns@gmail.com

Radial _____ **Full Rig** _____ **Sail Number** _____

Sailor: _____ Day Phone: _____

Address: _____ Eve Phone: _____

City: _____ State: _____ Zip: _____

Student Email: _____

Parent Email: _____ . 2nd Parent Email: _____

School Data:

Name of High School _____ Grade _____

City: _____ State: _____ Zip: _____

Note: The high schools of all competitors must be registered with SEISA/ISSA and have dues paid for the 2019 - 2020 season **prior** to competing in this event.

Adult Chaperone: _____

Ph # during event: _____ email: _____

Additional Adult/Coach with sailor: _____

Ph # during event: _____ email: _____

Signature of Parent/Guardian _____ **Date** _____

ENTRY FEES: \$100.00 per sailor -

Send **THIS** entry form & waivers by email to: Laura Burns - baconburns@gmail.com

Payment for entry to be made online via the Laser Gulf Coast Championship Entry process:

Laser Gulf Coast Championship NOR:

http://www.regattanetwork.com/clubmgmt/regatta_uploads/19475/2019LaserGCCChamps.pdf

Entry site:

https://www.regattanetwork.com/clubmgmt/applet_registration_form.php?regatta_id=19475