



Shepherd Championship 2016
November 5 – 6th, 2016
111 N. Lake Shore Dr.
Chicago, IL 60601

ENTRY FORM

Please fax (312.938.3630) or email this entry form to, sail@colyc.org.

High School: _____

A Division Skipper: _____ Grade: Fr/So/Jr/Sr
A Division Crew: _____ Grade: Fr/So/Jr/Sr

B Division Skipper: _____ Grade: Fr/So/Jr/Sr
B Division Crew: _____ Grade: Fr/So/Jr/Sr

Alternate: _____ Grade: Fr/So/Jr/Sr
Alternate: _____ Grade: Fr/So/Jr/Sr
Alternate: _____ Grade: Fr/So/Jr/Sr
Alternate: _____ Grade: Fr/So/Jr/Sr

Coach: _____
Phone Number _____

Parent Liaison: _____
Phone Number _____
E-Mail Address _____

This form does need to be turned in by fax (312.938.3630) or email (sail@colyc.org) by Friday, October 21st at 5pm.





Individual athletes must bring the below forms signed by legal guardian to the event, or will not be able to sail!

Emergency Treatment Authorization

I (we) the undersigned parent, parents, or legal guardian of _____, a minor do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required and is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Child's Name (printed): _____

Parent(s) Name(s) (printed): _____

Phone Numbers: (Work): _____ (Home): _____

Parent/Guardian Signature: _____ Date: _____

Health Insurance Carrier: _____

Insurance ID Number: _____





Liability Release Waiver

The undersigned Participant recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Columbia Yacht Club to accept his/her enrollment into the Shepherd Championship Regatta, the undersigned Participant covenants and agrees to save, hold harmless and indemnify Columbia Yacht Club, its officers, directors, members, employees and agents, from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to any person or damage to any property arising out of or in anywise connected with the operation of the Sailing Program or any activities on or the use of any facilities or equipment of Columbia Yacht Club.

Participant (please print): _____

Signature: _____ Date: _____

Signature of Guardian (if under 18): _____

