

Sailor Name: _____ **School Name:** _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

The undersigned parent or guardian of a minor does hereby consent to emergency X-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, or dentist under the Dental Practice Act. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physicians in the exercise of their best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned or Emergency Contact prior to rendering treatment, but treatment will not be withheld if they cannot be reached.

1. Family Doctor: _____ Phone: _____

2. Emergency Contact: _____ Phone: _____

3. Medical Problems: _____

4. Known Allergies: _____

5. Hospital Insurance Plan Name/Number: _____

SIGNATURE (Parent or Legal Guardian): _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Phone (h): _____ (w): _____ (c): _____

Father's Phone (h): _____ (w): _____ (c): _____

Interscholastic Sailing Association

SAISA Mallory Championship Series

Regatta Registration Form

Event: _____ Event Date: _____
School: _____
City: _____ State: _____ ZIP: _____
Coach: _____ Email: _____ Cell: _____
Advisor: _____ Email: _____ Cell: _____

Team Members

Team A

Name	Grade	Email
1. _____		
2. _____		
3. _____		
4. _____		

Team B

Name	Grade	Email
1. _____		
2. _____		
3. _____		
4. _____		

Each competitor must file a waiver at or before registration. Note that proof of enrollment in the member school may be requested at any time.

REGISTRATION &/or DAMAGE DEPOSIT FEE OF \$_____ IS ATTACHED

We agree to be bound by *The Racing Rules of Sailing* and by all other *rules* that govern this event.

Responsible Adult

Date

Sailor Name: _____ School Name: _____

WAIVER OF LIABILITY/RELEASE OF RISK
INTERSCHOLASTIC SAILING ASSOCIATION (ISSA)
(YEAR, CRESSY SINGLEHANDED, MALLORY DOUBLEHANDED, OR BAKER
TEAM RACE CHAMPIONSHIP)

As the parent/guardian of the above named student, I hereby acknowledge that Sailing is an activity that has an inherent risk of damage and injury. Competitors in this event are participating entirely at their own risk. See RRS 4, Decision to Race. The ISSA and race organizers (**organizing authority, race committee, host club, sponsors, or any other organization or official**) will not be responsible for damage to any boat or other property or the injury to any competitor, including death, sustained as a result of participation in this event. By participating in this event, each competitor agrees to release the ISSA and race organizers from any and all liability associated with such competitor's participation in this event to the fullest extent permitted by law.

Date: _____

Signature: _____

Print Name: _____

Relation to Named Student: _____