

**PARENT CONSENT, WAIVER OF LIABILITY  
AND MEDICAL RELEASE**  
**SOUTH EAST INTERSCHOLASTIC SAILING ASSOCIATION (SEISA),  
SEISA Singlehanded High School Championship - Cressy Qualifying Regatta  
October 1 – 2, 2016**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

List all known allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_ 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, SSBG, 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 SSBG 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 SSBG, 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

**SEISA 2016 District Single-Handed Championship Regatta  
Qualifier for the  
NATIONAL HIGH SCHOOL SINGLEHANDED CHAMPIONSHIP- CRESSY TROPHY  
Sea Scout Base, Galveston.  
ENTRY FORM – DUE BY September 28, 2016 ([joann@wti.cc](mailto:joann@wti.cc))**

**Radial** \_\_\_\_\_ **Full Rig** \_\_\_\_\_ **Sail Number** \_\_\_\_\_

Sailor: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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 2016- 2017 season prior to competing in this event.

Adult Chaperone: \_\_\_\_\_ Ph # during event: \_\_\_\_\_ email: \_\_\_\_\_

Additional Adult/Coach with sailor: \_\_\_\_\_

Ph # during event: \_\_\_\_\_ email: \_\_\_\_\_

**ENTRY FEES:** \$25.00 per sailor

**Send all entries forms by email (or fax) to:**

**Joann Willits, SEISA District 2016 Single-Handed Championship Regatta Chair**  
Joann Willits - Email: [joann@wti.cc](mailto:joann@wti.cc) - Fax: 281-971-3993 - Cell 832-216-7726

Send check **payable to SEISA** to:

SEISA - % Joann Willits - 16821 Buccaneer Ln., Suite 101 - Houston, TX 77058