

SEISA 2017 West Spring Series 1

Entry Form

Hosted by Bay Access at Lakewood Yacht Club Seabrook, TX

January 28, 2017

High School Sailing Team _____ Squad Name _____

Please check one box in each section:

<input type="checkbox"/> Complete Team	<input type="checkbox"/> Split Team	<input type="checkbox"/> Bay Access Team
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Sailors:	Division A	Division B			
_____	Year _____	_____	Year _____		
_____	Year _____	_____	Year _____		
(*Alt)	_____	Year _____	(*Alt)	_____	Year _____

Note: All competitors & Teams must be *registered and active* with SEISA/ISSA and have dues paid for the 2016-2017 season prior to competing in this event. Student's name must appear in the online roster on seisa.hssailing.org. Please contact Joann Willits at joann@wti.cc if you need assistance with this.

Coach (If one present): _____ ph. _____

On Site Adult Chaperone / Team Representative: _____

Contact number(s) during event: _____

Contact email: _____

Signature: Team Representative: _____ Date: _____

ENTRY FEES: _____ \$25.00 per sailor & \$50.00 boat deposit (separate check)

Number of Sailors _____ x \$25.00 = \$ _____ Total Entry Fee

Entry Fee Check included Deposit Check of \$50.00 Included

Please make checks payable to Bay Access. Payment must accompany this Entry form. Bay Access cannot process credit card payments for this Event. The deposit will be returned assuming no damage to the boats occur during the event.

Entry Fee Check and Deposit check should be sent to:

Leigh Zittler
Regatta Chairman
1214 Spring Cress Lane
Seabrook, Texas 77856

If you have any questions, please email or call Leigh at: larz@cjmlaw.com or 713-739-7007 or 713-446-8873

**PARENT CONSENT, WAIVER OF LIABILITY
AND MEDICAL RELEASE**

**SOUTH EAST INTERSCHOLASTIC SAILING ASSOCIATION (SEISA)
Lakewood Yacht Club Seabrook, TX**

SEISA 2017 West Spring Series 1 & 2 - Lakewood Yacht Club - January 28, 2017

Student's Name: _____

Date of Birth: _____ School: _____

List all known allergies: _____

Medical Problems: _____

Current Medications: _____

Medical Insurance Information: Insured Name _____

Carrier: _____ Phone of Carrier _____

Policy #: _____ Group #: _____ ID #: _____

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, Lakewood Yacht Club, 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 West Fall Dinghy Championship Regatta.

I am aware that ISSA, SEISA and Lakewood Yacht Club 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 Lakewood Yacht Club, 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 West Fall Dinghy Championship 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.

Father/Legal Guardian	Date	Mother/Legal Guardian	Date
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Print Name	Print Name
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Address	Address
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City	State	Zip	City	State	Zip
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Home Telephone	Work/Cell	Home Telephone	Work/Cell
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MINOR PARTICIPANT WAIVER AND RELEASE

1. As parent or legal guardian of _____ (the "Participant"), I recognize that sailing is an activity that has an inherent risk of damage and injury associated with it and hereby acknowledge and agree that the minor Participant is participating in the Bay Access/Lakewood Yacht Club sailing program and/or chartering a boat from Bay Access (the "Program") entirely at his or her own risk with my full understanding of such risk.

2. For and on behalf of Participant and myself, I acknowledge and agree that neither Lakewood Yacht Club, Bay Access, the Lakewood Yacht Club Seahorse Committee, the sponsors of the Program, nor their respective members, officers, board of directors, staff or representatives will be responsible for:
 - (a) any damage to the chartered boat or my or Participant's property, or
 - (b) any personal injury, including death,sustained as a result of Participant's participation in this Program, regardless of the fact that such damage may, in whole or in part, be due to the negligence of Lakewood Yacht Club, Bay Access, the Lakewood Yacht Club Seahorse Committee, the sponsors of the Program, or their respective members, officers, board of directors, staff or representatives.

3. For and on behalf of Participant and myself, to the fullest extent permitted by law, I hereby WAIVE any rights either of us may have to sue the Program Organizers (including Lakewood Yacht Club, Bay Access, the Lakewood Yacht Club Seahorse Committee, the sponsors of the Program, and/or their respective members, officers, board of directors, staff or representatives) with respect to personal injury or property damage suffered by Participant as a result of his or her participation in the Program and hereby RELEASE the Program Organizers from any liability for such injury or damage to the fullest extent permitted by law whether caused in whole or in part by negligence.

4. Additionally, I agree, on behalf of Participant and Participant's family to DEFEND AND INDEMNIFY Lakewood Yacht Club, Bay Access, the Lakewood Yacht Club Seahorse Committee, the sponsors of the Program, and/or their respective members, officers, board of directors, staff or representatives from any liability which may be sought by any party as a result of actions or alleged actions of Participant or any member of Participant's family during the term of the Program.

5. I understand this document has important legal consequences and have consulted such legal and other advisors as I deem appropriate before signing.

Parent or Legal Guardian's Signature

Date

Participant's Name _____ Date of Birth _____

Address _____

Parent or Legal Guardian's Printed Name _____ Phone _____

Address (if different) _____

Name of On-Site Guardian/Team Rep _____ Phone _____

Additional Emergency Contact _____ Phone _____