

2017 Entry Form
2017 SEISA Fleet and Team Racing Championships April 1st and 2nd
 This entry form must be received by March 29,2017.
 Elizabeth McGriff – Email: mcgriffk@bellsouth.net or Mailed
 Fairhope Yacht Club
 101 Volanta Ave, Fairhope, AL 36532

School Data:

School's Name: _____ Mascot: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Projected Team Roster [Please send in entry asap; sailor names may be altered at on-site reg.] Please fill out one copy of the waiver below for each competitor.

Name	Grad Year	Name	Grad Year
1.	/	5.	/
2.	/	6.	/
3.	/	7.	/
4.	/	8.	/
(Team Race Only)		9.	/

MANDATORY – Onsite Adult Chaperone / Team Representative: _____

Adult Contact number(s) during event: _____

Cell Phone: _____ E-Mail: _____

Signature: Team Representative: _____ Date: _____

Coach (If one present): _____ ph. _____

Cell Phone: (____) _____ E-Mail: _____

4. Entry fee and Damage deposit: Entry fee (\$120) and damage deposit (\$100), as prescribed in the Notice of Race, are enclosed. Make both checks payable to: Fairhope Yacht Club

We intend to compete in (circle please):

FLEET Race TEAM Race BOTH

Sailor Name: _____ School Name: _____

**2017 SEISA Fleet and Team Racing Championships April 1st and 2nd
WAIVER OF LIABILITY/ASSUMPTION OF RISK 2017 SEISA**

Fleet and Team Racing Championships

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 am aware that the activities associated with this event involve maneuvering a boat on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters, and collision with other watercraft and/or stationary objects such as docks and buoys. I am aware of the risks involved and give my consent for the above named student to participate in all activities associated with the 2017 SEISA Fleet and Team Racing Championships. I accept any and all risks to the above named student of injury, death and property damage arising from participation in this event whether or not caused by the negligence or other action, except irrational acts of ISSA, SEISA, Fairhope High School, Fairhope Yacht Club, their Officers, Directors, Trustees, agents, employees, coaches, vendors, and any other persons associated with this event (herein referred to as the "Releases). I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute the ISSA, Fairhope High School, Fairhope Yacht Club, their Officers, Directors, Trustees, agents, employees, coaches, vendors, or other associated persons, for monetary damages caused by injury to the above named student, or damage to the property of the above named student arising from the above named student's participation in this event and the use of the facilities and property of ISSA, Fairhope High School, or Fairhope Yacht Club, whether or not the injury or damage results from the negligence or other action, except irrational acts, of ISSA, SEISA, Fairhope High School, Fairhope Yacht Club, their Officers, Directors, Trustees, agents, employees, coaches, vendors, and any other person associated with this event. I further release and hold the Releasees harmless from any loss, liability, damage or cost including reasonable attorney's fees that may occur due to the named student's participation in this regatta.

Signature: _____ Date: _____

Print Name: _____

Relation to Named Student: _____

Sailor Name: _____ School Name: _____

2017 SEISA Fleet and Team Racing Championships April 1st and 2nd
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/ID: _____

SIGNATURE (Parent or Legal Guardian): _____

Print Name _____

Address: _____

City: _____ State: _____ Zip: _____

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

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

Adult Contact number(s) during event: _____

Cell Phone: _____ E-Mail: _____