Sailor Name:	School Name:	
AUTHORIZATION TO CONSE	NT TO TREATMEN	Т OF A MINOR
The undersigned parent or guardian of a manesthetic, medical, or surgical diagnosis advisable by, and is to be rendered under the physician and surgeon licensed under the dentist under the Dental Practice Act. It is advance of any special diagnosis, treatment to provide authority and power to render dexercise of their best judgment may deem made to contact the undersigned or Emerg treatment will not be withheld if they cannot be a surgical diagnosis.	or treatment and hospitate the general or special supprovisions of the Medic understood that this aunt, or hospital care being are which the aforement advisable. It is understoency Contact prior to respect to the special series of the serie	al care which is deemed apervision of any cal Practice Act, or thorization is given in g required, but is given nationed physicians in the ood that efforts shall be
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): _____

Sailor Name:	School Name:	
WAIVER OF LIABILITY/RELEASE OF RISK INTERSCHOLASTIC SAILING ASSOCIATION (ISSA) 2023, South Points 6, Davis Island Youth Sailing Foundation		
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 won 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 form 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: