

SEISA HIGH SCHOOL FLEET RACING REGATTA ENTRY FORM

Southern Yacht Club New Orleans, LA

MALLORY QUALIFIER

April 13-14, 2024

SCHOOL: _____

CITY: _____ STATE: _____ ZIP: _____

COACH: _____ ADVISOR: _____

COACH CELL: _____ ADVISOR CELL: _____

COACH EMAIL: _____ ADVISOR EMAIL: _____

TEAM MEMBERS

[Please fill if known. This will help us correlate the required waivers. All participants will be required to deliver to the race organizer the attached waivers for each Team Member or such participant will not be permitted to sail.]

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

- The high schools of all competitors must be **registered and active** with their respective ISSA districts, and have dues paid for the 2023-2024 season prior to competing in this event.
- 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.
- We agree to be bound by The Racing Rules of Sailing and by all other rules that govern this event.

| | | |
|-------------------|------------------|--|
| REGISTRATION FEE: | Pd by SEISA | <input type="checkbox"/> |
| DAMAGE DEPOSIT: | \$200 Per School | <input type="checkbox"/> Check of \$200 Included |

Signature of Responsible Adult: _____ Date: _____

Please make each check payable to Southern Yacht Club. Please bring this check to the event to give to event organizers at check in. Southern Yacht Club cannot process credit card payments for this Event. The deposit check will be returned assuming no damage occurs to the boats during the event.

Entry Fee Check and Deposit check should be sent to: Donald McKoin, Regatta Chairman
6754 Colbert St, New Orleans LA 70124

**SEISA HIGH SCHOOL FLEET RACING
REGATTA WAIVER OF LIABILITY AND
MEDICAL RELEASE**

Southern Yacht Club New Orleans, LA

MALLORY QUALIFIER

April 13-14, 2024

Sailor's Full Name: _____

Date of Birth: _____ School: _____

List all known allergies: _____

Medical Challenges: _____

Current Medications: _____

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, Southern 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 sailing event.

I am aware that ISSA, Southern Yacht Club do not carry medical insurance for students and that medical insurance coverage will be provided by each participant's parent/guardian. Evidence of such coverage must be provided above.

I further release and hold harmless ISSA, Southern 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 sailing regatta.

Sailor (if over 18) Date

If Sailor is not over the age of 18, Sailor's parents / legal guardians need to execute this waiver.

Father/Legal Guardian Date

Mother/Legal Guardian Date

Print Name

Print Name

Address

Address

City State Zip

City State Zip

Home Telephone Cell

Home Telephone Cell

PARTICIPANT WAIVER AND MEDICAL 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 participating in the ISSA / SEISA / Southern Yacht Club sailing event and/or chartering a boat from Southern Yacht Club (the "Program") entirely at his or her own risk with my full understanding of such risk.
2. For and on behalf of the Participant and myself, I acknowledge and agree that ISSA, SEISA, Southern Yacht Club, 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/Event, regardless of the fact that such damage may, in whole or in part, be due to the negligence of the ISSA, SEISA, Southern Yacht Club, 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 ISSA, SEISA, Southern Yacht Club, 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 Event/Program and hereby RELEASE the Event/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. I understand this document has important legal consequences and have had the opportunity to consult with 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/Legal Guardian Printed Name: _____ Phone: _____

Address (if different): _____

Additional Emergency Contact _____ Phone: _____

SEISA HIGH SCHOOL TEAM RACING REGATTA ENTRY FORM

Southern Yacht Club New Orleans, LA

BAKER QUALIFIER

April 13-14, 2024

SCHOOL: _____

CITY: _____ STATE: _____ ZIP: _____

COACH: _____ ADVISOR: _____

COACH CELL: _____ ADVISOR CELL: _____

COACH EMAIL: _____ ADVISOR EMAIL: _____

TEAM MEMBERS

[Please fill if known. This will help us correlate the required waivers. All participants will be required to deliver to the race organizer the attached waivers for each Team Member or such participant will not be permitted to sail.]

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

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6754 Colbert St, New Orleans LA 70124

SEISA HIGH SCHOOL TEAM RACING REGATTA WAIVER OF LIABILITY AND MEDICAL RELEASE

Southern Yacht Club New Orleans, LA

BAKER QUALIFIER

April 13-14, 2024

Sailor's Full Name: _____

Date of Birth: _____ School: _____

List all known allergies: _____

Medical Challenges: _____

Current Medications: _____

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, Southern 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 sailing event.

I am aware that ISSA, Southern Yacht Club do not carry medical insurance for students and that medical insurance coverage will be provided by each participant's parent/guardian. Evidence of such coverage must be provided above.

I further release and hold harmless ISSA, Southern 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 sailing regatta.

Sailor (if over 18) Date

If Sailor is not over the age of 18, Sailor's parents / legal guardians need to execute this waiver.

Father/Legal Guardian Date

Mother/Legal Guardian Date

Print Name

Print Name

Address

Address

City State Zip

City State Zip

Home Telephone Cell

Home Telephone Cell

PARTICIPANT WAIVER AND MEDICAL 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 participating in the ISSA / SEISA / Southern Yacht Club sailing event and/or chartering a boat from Southern Yacht Club (the "Program") entirely at his or her own risk with my full understanding of such risk.
2. For and on behalf of the Participant and myself, I acknowledge and agree that ISSA, SEISA, Southern Yacht Club, 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/Event, regardless of the fact that such damage may, in whole or in part, be due to the negligence of the ISSA, SEISA, Southern Yacht Club, 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 ISSA, SEISA, Southern Yacht Club, 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 Event/Program and hereby RELEASE the Event/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. I understand this document has important legal consequences and have had the opportunity to consult with 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/Legal Guardian Printed Name: _____ Phone: _____

Address (if different): _____

Additional Emergency Contact _____ Phone: _____