

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

**INTERSCHOLASTIC SAILING ASSOCIATION (ISSA),
SOUTH ATLANTIC INTERSCHOLASTIC SAILING ASSOCIATION (SAISA),
ECKERD COLLEGE
For the Cressy Trophy**

Student's Name: _____

Date of Birth: _____ School: _____

List all known allergies to medications: _____

Date of last tetanus shot: _____ Current medications: _____

Medical Insurance Information:

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, SAISA, and Eckerd College 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 Cressy elimination regatta.

I am aware that ISSA, SAISA, and Eckerd College 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, SAISA, Eckerd College, 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 Cressy elimination regatta and all related activities.

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

Address

Address

City State Zip

City State Zip

Home telephone Work telephone

Home telephone Work telephone

ISSA NATIONAL HIGH SCHOOL SINGLE HANDED CHAMPIONSHIP
For the
CRESSY TROPHY
To Be Held At
Eckerd College
St. Petersburg, Florida
Hosted by the South Atlantic Interscholastic Sailing Association
November 14-16, 2003
ENTRY FORM – DUE NOV 7, 2003

Rig: Radial _____ **Full** _____

School: _____ District: _____

Sailor: _____ Day Phone: _____

Address: _____ Eve Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Adult Coach/Advisor: _____ Phone No: _____

Adult Contact At Regatta (cell No.): _____

I. Entry Fees: \$45.00 per sailor (includes food package per NOR) \$ _____

Additional Food Packages \$25.00 x _____ \$ _____

TOTAL DUE \$ _____

II. DAMAGE DEPOSIT (\$200.00 Separate Check) Check No.: _____

Please make checks payable to: **SAISA**

III. An ISSA long-sleeved regatta shirt is available for \$25, **please make check out to "ISSA"**. Indicate number of shirts and sizes.

_____ Number of shirts/sizes (S/M/L/XL) _____ x \$25.00 \$ _____

Send all fees to:

Tom Monkus/SAISA
ISSA Cressy Regatta
P.O. Box 7277
St. Petersburg, FL 33734-7277