

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

**INTERSCHOLASTIC SAILING ASSOCIATION (ISSA),
PACIFIC COAST INTERSCHOLASTIC SAILING ASSOCIATION (PCISA),
WAIKIKI YACHT CLUB/HAWAII YACHT CLUB
For the Cressy Trophy 2006**

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, PCISA, Waikiki Yacht Club/Hawaii Yacht Club, the Hawaii Youth Sailing Association, 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 National Championship regatta.

I am aware that ISSA, PCISA, Waikiki Yacht Club/ Hawaii Yacht Club and the Hawaii Youth Sailing Association 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, Waikiki Yacht Club/ Hawaii Yacht Club and the Hawaii Youth Sailing Association, 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 National Championship 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
Waikiki and Hawaii Yacht Club
Honolulu, Hawaii
Hosted by the Pacific Coast Interscholastic Sailing Association

November 25-27, 2005

ENTRY FORM – DUE OCT 25, 2005

School: _____ District: _____
 Sailor: _____ Day Phone: _____
 Address: _____ Eve Phone: _____
 City: _____ State: _____ Zip: _____

Email Address: _____

Adult Chaperone: _____ Phone No: _____

Chaperone contact number during event: _____

____ I have housing for the event. I will be staying at this location _____
 _____ The Hawaii Phone Number of my housing is _____
 ____ I would like help with housing for myself and one coach

I. ENTRY FEES: \$55.00 per sailor x _____ sailors \$ _____
 Additional Food Packages \$40.00 x _____ \$ _____
 Total Due \$ _____

II. DAMAGE DEPOSIT: (\$250.00 separate check) Check No.: _____

III. TEE SHIRTS: An ISSA long-sleeved regatta **T-shirt** is available for \$25. **Please make separate check for t-shirts out to "ISSA"**. Indicate number of shirts and sizes.

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

Please make entry fee, additional food packages and damage deposit checks payable to:
Waikiki Yacht Club

Send all fees to: Waikiki Yacht Club, 1599 Ala Moana Blvd., Honolulu, Hawaii 96814

*(Note: Every effort will be made to find housing for each athlete and one coach on a first come first served basis. Housing arrangements would be for Friday through Monday).