

**PARENT CONSENT, WAIVER OF LIABILITY
AND MEDICAL RELEASE
INTERSCHOLASTIC SAILING ASSOCIATION (ISSA)
2006 Mallory Double Handed Championship
Grosse Pointe Yacht Club, Grosse Pointe Shores, MI**

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

Carrier: _____

Policy #: _____

Group #: _____

Mother's Insurance Coverage:

Carrier: _____

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, MISSA, Grosse Pointe 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 2006 Mallory National Championship regatta. I am aware that ISSA, MISSA, Grosse Pointe Yacht Club 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, MISSA, Grosse Pointe 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 2006 Mallory 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.

Date: _____

Father/Guardian: _____

Address: _____

City State Zip: _____

Home telephone: _____

Work telephone: _____

Date: _____

Mother/Legal Guardian: _____

Address: _____

City State Zip: _____

Home telephone: _____

Work telephone: _____