

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

**INTERSCHOLASTIC SAILING ASSOCIATION (ISSA),  
NEW ENGLAND SCHOOLS SAILING ASSOCIATION (NESSA),  
Greenwich Academy, Greenwich HS, Brunswick School  
For the Cressy Trophy 2007**

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, NESSA, Greenwich Academy, Greenwich HS, Brunswick School, Indian Harbor 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 Cressy National Championship regatta.

I am aware that ISSA, NESSA, Greenwich Academy, Greenwich HS, Brunswick School, Indian Harbor 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, NESSA, Greenwich Academy, Greenwich HS, Brunswick School, Indian Harbor 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 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**  
**Indian Harbor Yacht Club**  
**Greenwich, CT**  
**October 28-29, 2006**

**ENTRY FORM – DUE OCT 16, 2006**

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 local Phone Number of my housing is \_\_\_\_\_

\_\_\_ I would like help with housing for myself and one coach

<b>I. ENTRY FEES:</b> \$70.00 per sailor	\$ <u>70.00</u>
Additional Food Packages \$40.00 x _____	\$ _____
Total Due	\$ _____

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

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

Send all fees to: Indian Harbor Yacht Club, 710 Steamboat Rd, Greenwich, CT 06830

\*(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).