



**ISSA National Championship
Mallory Trophy Regatta
hosted by
Austin Yacht Club, SEISA
and The University of Texas**

May 6 - 8, 2011

Congratulations on qualifying for the 2011 Mallory Trophy ISSA National Championship Regatta.

Entry: Each school must return this form and all payments by April 26, 2011.

School: _____ District _____

Address: _____

City: _____ State: _____ Zip: _____

Coach/Advisor: _____

Contact Phone Number: _____ Cell phone (if different) _____

E-mail: _____

Team Roster (no more than eight sailors can sail for a school in the Mallory Championship)

Note: regatta shirts are unisex sizes XS-S-M-L-XL

Sailor Name	Year	Shirt Size	Sailor Name	Year	Shirt Size
1. _____	_____	_____	5. _____	_____	_____
2. _____	_____	_____	6. _____	_____	_____
3. _____	_____	_____	7. _____	_____	_____
4. _____	_____	_____	8. _____	_____	_____

Make registration checks payable to: **Malinda Crain - SEISA**

Make damage deposit checks payable to: **Austin Yacht Club**

Send all forms and checks to: **Steve Gay**
11808 Buggy Whip
Austin, TX 78750
segay1@myfairpoint.net

Amount Enclosed:

_____ \$400 Entry Fee per school (8 sailors and 1 coach), includes meal package (breakfast/lunch Sat/Sun, dinner Saturday night and snacks at awards Sunday afternoon) for up to 8 sailors and 1 coach per team. Additional meal packages are available for \$40/person. Entry fee includes a regatta t-shirt for all registered sailors

_____ \$40 per additional meal package

_____ \$300 Damage Deposit (separate check payable to Austin Yacht Club - held until after the regatta and boats have been assessed)

In addition, every sailor must complete the WAIVER / MEDICAL CONSENT FORM to compete.

Sailor Name: _____ School Name: _____

**WAIVER OF LIABILITY/ASSUMPTION OF RISK
INTERSCHOLASTIC SAILING ASSOCIATION (ISSA) SOUTH
EAST INTERSCHOLASTIC SAILING ASSOCIATION (SEISA)
and Austin Yacht Club (AYC)
for the MALLORY TROPHY held on May 6 - 8, 2011**

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 am aware that the activities associated with this event involve maneuvering a boat on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters, and collision with other watercraft and/or stationary objects such as docks and buoys. I am aware of the risks involved and give my consent for the above named student to participate in all activities associated with the 2011 Mallory Championship. I accept any and all risks to the above named student of injury, death and property damage arising from participation in this event whether or not caused by the negligence or other action, except irrational acts of ISSA, SEISA, Austin Yacht Club, their Officers, Directors, Trustees, agents, employees, coaches, vendors, and any other persons associated with this event (herein referred to as the "Releases").

I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute the ISSA, SEISA, Austin Yacht Club, or any of their Officers, Directors, Trustees, agents, employees, coaches, vendors or other associated persons, for monetary damages caused by injury to the above named student, or damage to the property of the above named student arising from the above named student's participation in this event and the use of the facilities and property of Austin Yacht Club, whether or not the injury or damage results from the negligence or other action, except irrational acts, of ISSA, SEISA, Austin Yacht Club, their Officers, Directors, Trustees, agents, employees, coaches, vendors, and any other person associated with this event. I further release and hold the Releases harmless from any loss, liability, damage or cost including reasonable attorneys fees that may occur due to the named student's participation in this regatta.

Date: _____

Signature: _____

Print Name: _____

Relation to Named Student: _____

MEDICAL CONSENT FORM

Only COMPLETELY FILLED IN forms will be accepted.

NAME OF PARTICIPANT (printed): _____

NAME OF PARENT OR GUARDIAN (printed): _____

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named below as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the Austin Yacht Club, or while participating in any activity sponsored by the Organizing Authorities, under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize any officer or member of the Organizing Authorities consent to such medical care, attention or treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the Organizing Authorities and its officers and members thereof.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or urgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

IN CASE OF EMERGENCY CALL:

NAME	RELATIONSHIP	PHONE

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	DATE	PHONE

INSURANCE CARRIER	POLICY NUMBER	POLICY HOLDER'S NAME	POLICY HOLDER'S DOB
INSURANCE ADDRESS	INSURANCE PHONE	POLICY HOLDER'S RELATION TO PARTICIPANT	POLICY HOLDER PHONE

MEDICAL AND EMERGENCY INFORMATION

NAME: _____ SEX _____ (M) _____ (F)

ADDRESS: _____

STREET: _____

CITY ST ZIP: _____

TELEPHONE: _____ TYPE: _____ DATE OF BIRTH: _____

THE PARTICIPANT AND HIS OR HER PARENTS MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS		ALLERGIES	
ASTHMA OR OTHER RESPIRATORY PROBLEMS		MEDICATION	
DIABETES OR HYPOGLYCEMIA		BEE STING / INSECT BITES	
HEMOPHILIA OR OTHER BLEEDING PROBLEMS		FOODS	
CIRCULATORY OR HEART PROBLEMS		OTHERS, IF SIGNIFICANT	
EPILEPSY			

DETAILS: _____

DATE OF LAST TETANUS SHOT: _____ BLOOD TYPE: _____

CURRENT MEDICATIONS IF ANY: _____

DOES THE ABOVE NAMED INDIVIDUAL HAVE ANY MEDICAL CONDITION THAT MAY AFFECT PARTICIPATION IN ACTIVITIES? _____ IF YES, PLEASE EXPLAIN: _____

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION