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

**SOUTH EAST INTERSCHOLASTIC SAILING ASSOCIATION (SEISA),  
Southern Yacht Club, New Orleans, Louisiana  
National Singlehanded High School Championship (Cressy) Qualifying Regatta**

**October 20 - 21, 2012**

Student’s Name:

Date of Birth: School:

List all known allergies:

Medical Problems:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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, SEISA, Southern 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 SEISA District CressyQualifying regatta.

I am aware that ISSA, SEISAandSouthern 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, SEISA andSouthernYacht 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 SEISA District Cressy Qualifying regatta.

**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.*

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Father/Legal Guardian Date Mother/Legal Guardian Date

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Home Telephone Work/Cell Home Telephone Work/Cell

**SEISA DISTRICT QUALIFYING REGATTA  
for the  
NATIONALHIGH SCHOOL SINGLEHANDED CHAMPIONSHIP**

**Southern Yacht Club, New Orleans, La.  
ENTRY FORM – DUE BY OCTOBER 15, 2012**

**Radial \_\_\_\_\_\_\_\_\_\_\_\_ Full Rig \_\_\_\_\_\_\_\_\_\_\_ Sail Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sailor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone:

Address: Eve Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Zip:

Email Address:

Name of High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:**The high schools of all competitors must be registered with SEISA/ISSA and have dues paid for the 2012-2013 season prior to competing in this event.

Adult Chaperone: Contact number during event:

**ENTRY FEES:** $30.00 per sailor

Additional Lunches @ $15 each # of lunches\_\_\_\_\_\_\_ Total Due $ \_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Please make checks payable to:  **Southern Yacht Club** |

Send all entries to: **Yvonne Pottharst,**

**SEISA Cressy Qualifying Regatta Chair**

**C/OSouthern Yacht Club**

**105 N. Roadway Drive**

**New Orleans, LA 70124**