

2018 ISSA HIGH SCHOOL MALLORY CHAMPIONSHIP

Team Entry Form
Lakewood Yacht Club
May 11-13, 2018

1. **School Data:** School Name: _____ Mascot _____
Address: _____
Town/City: _____ State: _____ Zip Code: _____

Sailors: Maximum of 8 permitted.

Name:	Graduation Year:	Name:	Graduation Year:
1. _____/_____	_____	5. _____/_____	_____
2. _____/_____	_____	6. _____/_____	_____
3. _____/_____	_____	7. _____/_____	_____
4. _____/_____	_____	8. _____/_____	_____

Note: The high schools of all competitors must be *registered and active* with ISSA and have dues paid for the 2017-2018 season prior to competing in this event. Student's name must appear in the ISSA roster online.

Contact/ Chaperone/ Coach Information:

Adult Team Contact/Chaperone (Traveling with team): _____

Cell Phone: (____) _____ E-Mail: _____

Coach (If you will have one with you): _____

Cell Phone: (____) _____ E-Mail: _____

Adult entering the team or additional Adult Contact: _____

Cell Phone: (____) _____ E-Mail _____

ENTRY FEES: \$450.00 per Team plus \$500.00 boat deposit (separate checks)* Entry Fee must be paid through Regatta Network per NOR. Deposit check should be paid at registration. Please make DEPOSIT checks payable to **Bay Access**; Bay Access cannot process credit card payments for this Event. Deposit payment may be turned in at check-in at regatta site. No team will be permitted to sail without payment of the entry fee and deposit. If you have any questions please email or call Steve Willits at steve@willitsnet.com or 832-216-7724.

**PARENT CONSENT, WAIVER OF LIABILITY, AND MEDICAL RELEASE
2018 ISSA HIGH SCHOOL MALLORY CHAMPIONSHIP
Lakewood Yacht Club Seabrook, TX**

Student's Name: _____

Date of Birth: _____ School: _____

List all known allergies: _____

Medical Problems: _____

Current Medications: _____

Medical Insurance Information:

Insured Name _____

Carrier: _____ Phone of Carrier _____

Policy #: _____ Group # _____ ID #: _____

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, Lakewood 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 ISSA Mallory Fleet Championship Regatta.

I am aware that ISSA, SEISA and Lakewood 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, Lakewood Yacht Club, Bay Access, 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 ISSA Mallory Fleet Championship 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.

Father/Legal Guardian	Date	Mother/Legal Guardian	Date
Print Name		Print Name	
Address		Address	
City	State Zip	City	State Zip
Home Telephone	Work/Cell	Home Telephone	Work/Cell

**MINOR PARTICIPANT WAIVER AND RELEASE
2018 ISSA HIGH SCHOOL MALLORY CHAMPIONSHIP**

1. As parent or legal guardian of _____ (the "Participant"), I recognize that sailing is an activity that has an inherent risk of damage and injury associated with it and hereby acknowledge and agree that the minor Participant is participating in and event hosted by Bay Access/Lakewood Yacht Club and/or chartering a boat from Bay Access entirely at his or her own risk with my full understanding of such risk.

2. For and on behalf of Participant and myself, I acknowledge and agree that neither Lakewood Yacht Club, Bay Access, the sponsors of the Program, nor their respective members, officers, board of directors, staff or representatives will be responsible for:
 - (a) any damage to the chartered boat or my or Participant's property, or
 - (b) any personal injury, including death,

sustained as a result of Participant's participation in this Program, regardless of the fact that such damage may, in whole or in part, be due to the negligence of Lakewood Yacht Club, Bay Access, the Lakewood Yacht Club Seahorse Committee, ISSA, SEISA, the sponsors of the Program, or their respective members, officers, board of directors, staff or representatives.

3. For and on behalf of Participant and myself, to the fullest extent permitted by law, I hereby WAIVE any rights either of us may have to sue the Program Organizers (including Lakewood Yacht Club, Bay Access, ISSA, SEISA, the Lakewood Yacht Club Seahorse Committee, the sponsors of the Program, and/or their respective members, officers, board of directors, staff or representatives) with respect to personal injury or property damage suffered by Participant as a result of his or her participation in the Program and hereby RELEASE the Program Organizers from any liability for such injury or damage to the fullest extent permitted by law whether caused in whole or in part by negligence.

4. Additionally, I agree, on behalf of Participant and Participant's family to DEFEND AND INDEMNIFY Lakewood Yacht Club, Bay Access, the Lakewood Yacht Club Seahorse Committee, ISSA, SEISA, the sponsors of the Program, and/or their respective members, officers, board of directors, staff or representatives from any liability which may be sought by any party as a result of actions or alleged actions of Participant or any member of Participant's family during the term of the Program.

5. I understand this document has important legal consequences and have consulted such legal and other advisors as I deem appropriate before signing.

Parent or Legal Guardian's Signature

Date

Participant's Name _____ Date of Birth _____

Address _____

Parent or Legal Guardian's Printed Name _____ Phone _____

Address (if different) _____

Additional Emergency Contact _____ Phone _____