

**PARENT CONSENT, WAIVER OF LIABILITY
AND MEDICAL RELEASE
INTERSCHOLASTIC SAILING ASSOCIATION (ISSA),
SOUTH EASTERN INTERSCHOLASTIC SAILING ASSOCIATION (SEISA)
Corpus Christi Yacht Club and Texas A&M Corpus Christi
For the 2010 Cressy Trophy held on October 30 – November 1, 2009**

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: _____

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, Corpus Christi Yacht Club, Texas A&M Corpus Christi, 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, SEISA, Corpus Christi Yacht Club and Texas A&M Corpus Christi, do not carry medical insurance for students and that medical insurance coverage will be provided by parent/guardian. Evidence of such coverage is provided below.

I further release and hold harmless ISSA, SEISA, Corpus Christi Yacht Club and Texas A&M Corpus Christi, their Officers, Directors, Trustees, agents, employees, coaches, volunteers 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.

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 phone Work phone

Home phone Work phone