

**SAISA District Singlehanded Championship & Qualifier for the
2009 ISSA National High School Singlehanded
Championship (Cressy Trophy)**

**Clearwater Community Sailing Center
September 13-14, 2008**

REGISTRATION FORM & WAIVER

(Please Print)

Skipper's Last Name: _____ First Name: _____

Radial or Full Rig* [required]: _____ Sail No: _____

School Name: _____

Date of Birth: _____ Grade Level: _____

Address: _____

Email: _____ Phone: _____

Advisor/Coach: _____ Cell Ph: _____

Advisor/Coach Email: _____

****NOTE: Declaration of Laser Rig must be made at least five (5) days prior to the event. (Deadline is September 8th, 2008)***

The above named school submits the following entrant:

Singlehanded Skipper: \$55.00

(Check to **Clearwater Yacht Club Youth Sailing**):

\$ _____

Add - Late fee if entry not postmarked by September 6th, 2008:

\$10.00 (Check to **Clearwater Yacht Club Youth Sailing**):

\$ _____

ISSA National & SAISA District Team Dues, 2008-2009 @ \$100.00

(If not previously paid, complete online at www.saisa.org; then print the bill confirmation page, return together with a check made out to **SAISA**):

\$ _____

By completing this entry form, I agree to be bound by *The Racing Rules of Sailing* and by all other *rules* that govern this event.

WAIVER

PART 1 (To be completed by the participating team's representative.)

By entering this regatta it is understood by the school, participant (and his or her parents) that Clearwater Yacht Club, the Clearwater Community Sailing Center, the Interscholastic Sailing Association and the South Atlantic Interscholastic Sailing Association, as well as their employees, volunteers or duly appointed committee members shall incur no liability or responsibility for injury, damage or loss to any person or property. I certify that the students named on the team roster are properly enrolled in the respective school in the 8th, 9th, 10th, 11th or 12th grade at the present time and are eligible for competition. Member schools must assure proper supervision at all times. I understand that any damage or loss to the boats and or equipment, which was caused by this school's team, will be the financial responsibility of the team. Failure of any team to meet this obligation may be grounds for suspension of membership in SAISA and may result in the disqualification of the team(s) from SAISA sanctioned events in the future. As the adult team leader/chaperone, I agree to assume full responsibility for each sailor named herein.

Principal, Team Advisor or Coach

Date

PART 2 (To be completed by competitor and competitor's Parent/Guardian)

As consideration for my entry and participation in this event, I, my heirs, executors, and administrators, release and forever discharge the Interscholastic Sailing Association, the South Atlantic Interscholastic Sailing Association, Clearwater Yacht Club, the Clearwater Community Sailing Center, the event organizing committee, racing committee and sponsors, as well as their employees, committee members and volunteers, and all sponsors, associates, producers, their agents, representatives, successors, and assigns of all liabilities, claims, actions, damages, costs or expenses which I may have against them arising out of or in any way connected with my participation in this event, including travel to or from the event, and including injuries which may be suffered by me before, during or after this event. I understand that this waiver includes any claims based on negligence, action, or inaction, of any of the above parties.

I understand that there is risk of personal property damage or injury connected with the sport of sailing. I am generally familiar with the risks and responsibilities of sailboat racing of the type occurring at this event, and have made a decision that I am suitable for this regatta. I am also aware that the sailing facility may contain certain hazards, and that the dock or raft may be slick.

In consideration of my use of the facilities, equipment, and boats to be supplied to me by the host organization at this event, I agree that I (or my parent if I am under age 18) shall be financially responsible for the complete cost of any damage caused by me through intentional or negligent/careless act to any boat or property or facility used during this event, whether owned by the sailing site/venue or borrowed and used for this event. This clause is not intended to limit the responsibility the master has for his vessel under local law.

PERMISSION FOR MEDICAL CARE

In rare instances a medical emergency arises in which consent by the parent or guardian is legally required, but the proper person cannot be located. In such circumstances, in order to avoid delay which might jeopardize the life of recovery of a student, we request the following permission from the parent or guardian, with the understanding that every effort will be made to contact them in an emergency.

I hereby grant permission to the Regatta Chairperson, an Emergency Medical Technician, and/or other physicians he/she considers appropriate, to give emergency care as necessary.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND WAIVER OF CLAIMS AND SIGN IT OF MY FREE WILL.

ISSA RULE

THE USE OR POSSESSION OF ILLEGAL DRUGS AND/OR ALCOHOLIC BEVERAGE IS ABSOLUTELY PROHIBITED ON AND OFF THE WATER BY ANY COMPETITOR. ANY COMPETITOR USING, POSSESSING, OR BEING UNDER THE INFLUENCE OF SUCH DRUGS OR ALCOHOL WILL BE DISQUALIFIED FROM THE COMPETITION.

I certify that the student named on this disclaimer is currently enrolled at the _____ school and is in the ____th grade at the present time. I further certify that the student is eligible for competition under the rules of the Interscholastic Sailing Association.

Signature of Participant

Date

Signature of Parent or Guardian

Date

Each competitor must have this Disclaimer on file with the committee at the time of registration. The parent as well as the competitor must properly sign the form. Proof of enrollment in the member school may be requested at any time.

Make additional copies of this form as needed for each participating team member.

Return this Form with the Appropriate Fees to:

**Clearwater Yacht Club
Cressy Qualifiers
830 South Bayway Boulevard
Clearwater, FL 33767**