

2005 AREA B LEITER CLINIC AND REGATTA AND GIRLS' CHAMPIONSHIP

Junior Sailor _____ Parent (guardian) _____

LIABILITY RELEASE: (sailors under age of 18 must have parent/guardian signature.) I understand that skippers sail entirely at their own risk, and that neither Oyster Bay Sailing Foundation, U.S. Sailing, Seawanhaka Corinthian Yacht Club, JSA, or any other host clubs, their Directors or Officers, nor the organizing bodies or committees or individuals appointed or volunteering for the clinic and regatta, accept any liability for damage or injury, material or personal, suffered during the clinic or regatta or at any time. I further understand that serious accidents could occur on land as well as on the water during this Clinic and Regatta and that participants in the clinic and regatta could sustain mortal or serious personal injuries or property damage as a consequence. I knowingly assume the risks of attendance at the clinic and regatta and release and hold harmless all the persons or entities mentioned above who might otherwise be liable to me or my heirs or assigns for damages.

Signed _____
Applicant

Signed _____
Parent or guardian if under 18

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Junior Sailor _____ Date of Birth ___/___/___ Club/assoc _____

Home Address _____

Parent or guardian:

_____ (_____) _____ (_____) _____
name relationship home phone business

_____ (_____) _____ (_____) _____
name relationship home phone business

Chronic illnesses, medical conditions, allergies or medications being taken (please list, or "X" if none: _____

Physician _____ phone (_____) _____

Physician address _____ Insurtance co. _____ Policy no. _____

I the undersigned do hereby authorize an instructor from my club or Program or an adult who bears this document to authorize emergency treatment for the Junior sailor in the event that a parent or legal guardian cannot be reached at the above phone numbers at the time of emergency.

Signed _____ date _____
(parent or guardian)