

SAILING REGISTRATION FORM

INDIANA SAILING ASSOCIATION INC

COMPLETION OF THIS FORM REQUIRED FOR PARTICIPATION

MEDICAL AND EMERGENCY INFORMATION

Sailor's Name: _____ Birth Date _____

ISA Paying Member? YES NO Sailing Scholarship YES NO

Passed Boater Education Course (INDNR/USCG/USPS)? YES NO

Can swim? YES NO

Address:

(Street) _____

(City) _____ (State) _____ (ZIP) _____

E-mail

address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person:

Name: _____ Phone(s): _____

Do you have a history of, or do you currently have, any physical limitation that might prevent you from fully participating in extended, vigorous, physical activity? YES NO

If yes, describe in detail on other side of this sheet.

Please check here if there are any physical condition(s), chronic ailments or allergies that a physician should be aware of:

YES NO

If yes, please list and explain any relevant information on reverse side of this form.

Current medications if any: _____

PLEASE GO TO PAGE TWO

INDIANA SAILING ASSOCIATION INC
LIABILITY AND MEDICAL RELEASE

I, the undersigned, understand that adults and children participate in sailing and nautical activities entirely at their own risk and that neither the School City of East Chicago, Purdue University, East Chicago Port Authority, Indiana Sailing Association Inc, chaperones, sponsors, organizing bodies or committees or individuals serving or volunteering accept any liability for any injury, loss or damage, either material or personal, suffered during sailing or nautical activity. I hereby release and hold harmless these bodies against all liabilities, injuries, losses, damages, claims, suits and costs whatsoever resulting from such programs and activities. I assume the risks connected with any such programs and activities and the use of any facilities and equipment.

I, the undersigned, do hereby authorize and consent to any necessary medical procedure rendered by licensed/certified medical or dental personnel. I understand that every effort shall be made to contact the undersigned prior to rendering treatment, but that football expert predictions treatment will not be withheld if the undersigned cannot be reached.

PARTICIPANT SIGNATURE:
(if under 18, signature of Parent/Guardian)

Signed:

Print name:

Dated:
