



2009 WIND Clinic
Cascade Locks Marine Park - July 8-10
"Creating Future Generations of Champions"

Official Registration and Application for Entry

Participant's Name: _____

US SAILING/CYA Membership: _____ **Class:** _____ **Sail Number:** _____

Skipper or Crew: _____ **Sailing with (Name):** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Mobile Phone:** _____

E-mail: _____ **Birth Date:** _____

Member of Club: _____

Primary Phone: _____ **Email:** _____

Mother's Name: _____ **Phone 1:** _____ **Phone 2:** _____

Father's Name: _____ **Phone 1:** _____ **Phone 2:** _____

Other Emergency Contact: _____ **Relation:** _____

Phone: _____

Please list your top ten sailing accomplishments in the last 2 years, including name of event, who from your Team participated, position on boat and finish position and number of boats in the race/regatta/fleet

1. _____

2. _____

3. _____

4. _____



2009 WIND Clinic
Cascade Locks Marine Park - July 8-10
"Creating Future Generations of Champions"

- 5. _____

- 6. _____

- 7. _____

- 8. _____

- 9. _____

- 10. _____

Liability Waiver

I am the parent or legal guardian of _____, a minor ("Child"). I understand that participation in this Event is voluntary and that the decision whether or not to participate rests solely upon the Child, myself or my designee. I understand that sailing can be a hazardous sport and on behalf of the Child, agree to accept all inherent risks involved.

To the fullest extent permitted by law, I hereby waive any rights I or the Child may have to sue the Columbia Gorge Racing Association, the Port of Cascade Locks, instructors, race officials, sponsors, volunteers or any other organization, or official ("Organizers) involved with the event with respect to personal injury or property damage suffered by the Child as a result of our participation in this event and hereby release the Organizers from any liability for such injury or damage. I represent that I am authorized to represent said Child and make this agreement on his/her behalf.

Parent or Guardian Signature: _____ Date _____

Name of Parent of Guardian (please print): _____

Adult accompanying minor at this event (please print): _____

Local Telephone: _____



2009 WIND Clinic
Cascade Locks Marine Park - July 8-10
"Creating Future Generations of Champions"

Participant Medical Release

Participant's Name: _____

Personal Physician: _____ Phone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Group Number: _____ Insurance Phone: _____

Please list any known conditions which may require consideration in the event of an emergency: _____

Please list all known allergies (include drug allergies): _____

_____ Do you carry an Epi-pen? Yes No

Have you been treated for any of the following? Asthma? (If yes, do you carry an inhaler? Yes No)

Heart Disease Chronic Disease of the Lung Chronic Ear Disease Epilepsy

Do you wear contact lenses? Yes No Do you have Diabetes? Yes No

Please add any additional pertinent medical information: _____

Medical Authorization:

I, the undersigned, do hereby authorize and consent to the rendering of medical treatment to the above named Child in the event such treatment is required. It is understood that this authorization is given in advance of any specific diagnosis, treatment or Hospital care being required but is given to provide authority and power to render care which a licensed physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the Patient, but that medical treatment will not be withheld if the undersigned or the other stated emergency contact cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Name (please print): _____