

SHYC Junior Programs: Medical, Emergency Contact, Permission to Treat

DATE: _____

Student Name _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Please list any past medical problems _____

Surgical history _____

Allergies: Medications _____

Foods _____

Other (Bees, Wasps, Jelly Fish) _____

Current Medication Taken _____

Date of last Tetanus shot _____

Physician's Name _____ Telephone _____

Emergency Contact Person (first contact should be local):

1. _____
Name Relationship Phone #1 Alt Phone

2. _____
Name Relationship Phone #1 Alt Phone

PARENT/GUARDIAN EMERGENCY TREATMENT AUTHORIZATION

I, _____, (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the above can be contacted at the time of an emergency.

Student Name _____

Date of Birth _____

Signature

Date

Emergency telephone for Parent/Guardian:

Primary

Business

Cell



SHYC Junior Programs - Waiver

We, the undersigned being an applicant for admission to the **Sachem's Head Yacht Club Jr. Sailing School** and a parent/guardian of the applicant, do hereby acknowledge that participation in the sailing school and/or racing program poses certain inherent risks which cannot be avoided and acknowledge that we are accepting those risks.

In consideration of the acceptance of applicant's application, we release and forever discharge the **Sachem's Head Yacht Club**, its Officers, its Board of Directors, Sailing School Committee, their servants agents and employees, from any claim for property damage, injury or death arising out of or during the course of any participation in the Sailing School Program. We represent that we have and will maintain sufficient coverage under our homeowner's or tenants liability insurance policy for any negligent acts of applicant in his/her pursuance of school activities.

We further certify that, to the best of our knowledge, the applicant is in good physical condition and suffers from no physical, emotional or mental impairment, which would adversely affect his/her ability to safely participate in sailing activities.

Date

Student Name

Parent/Guardian Signature

Parent/Guardian Name