



HEALTH AND MEDICAL INFORMATION

Participant's Name: _____

Sex: _____

Student's date of birth: _____ Grade entering _____

IN THE EVENT OF AN EMERGENCY, NOTIFY:

First Contact

Name: _____

Relationship: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Second Contact

Name: _____

Relationship: _____

Home Phone _____ Work Phone _____ Cell Phone _____

MEDICAL INFORMATION

Primary Care Physician Name _____

Phone: _____

Health Insurance Provider: _____

Policy Number: _____

Date of most recent tetanus shot: ___/___/___

Give all information needed to provide as safe and as full participation possible and explain any YES answers below:

Asthma: Yes No Heart Disease: Yes No Leukemia: Yes No High Blood Pressure: Yes No

Cancer: Yes No Convulsions: Yes No Diabetes: Yes No Hemophilia: Yes No

Explain: _____

Does participant take prescription drugs regularly? Yes No

Explain: _____

Does participant require any special accommodations (glasses, contacts etc.) in order to participate fully in any activity?

Yes No Explain: _____

Special learning or behavioral needs? Explain: _____

Allergies Yes No

Please list: _____

Statement of Medical Conditions and Consent for Medical Treatment

I attest to the fact that the above named child is in good health and that there is no medical condition that precludes involvement in any of the programs of the Olcott Yacht Club (OYC). I grant permission to OYC and its employees to administer medical treatment that may be deemed necessary in the event of injury or illness.

Signature: _____

Date: _____

Consent, Waiver and Indemnity Agreement

THIS FORM MUST BE READ AND SIGNED BEFORE ANY STUDENT PARTICIPATES IN ANY OLCOTT YACHT CLUB SAILING COURSE. BY SIGNING THIS AGREEMENT, THE PARENT/GURADIAN AFFIRMS HAVING READ IT.

I hereby give permission for _____ (Print child's name) to participate in all programs and activities of the Olcott Yacht Club, including transportation to and from events, if needed. I understand that my child must pass any test necessary in order to participate in a program. I understand that there are risks inherent in sailing, sailboat racing, and other water-based and land-based programs and that accidents can occur on the water as well as on land during any OYC program. Such accidents can result in serious injury and death. I do for my child, myself, and our personal representatives, family, heirs and assigns, knowingly and freely waive all claims against and release and discharge OYC and its officers, directors, agents, employees and volunteers from any and all liability, loss, damage and expense which may result from participation in OYC programs.

OYC reserves the right to photograph program participants for publicity purposes.

Signature: _____

Date: _____