



Olcott Yacht Club Junior Sailing - Health and Medical Information

**HEALTH AND MEDICAL INFORMATION FOR:**

Participant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Sex: M \_\_\_ F \_\_\_ Student's D.O.B.: \_\_\_/\_\_\_/\_\_\_ Grade entering \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY, NOTIFY:**

**First Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Second Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**MEDICAL INFORMATION:**

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Date of most recent tetanus shot: \_\_\_/\_\_\_/\_\_\_

Please give all information needed to provide safe and full participation. Explain any YES answers below:

Asthma: Y\_\_\_ N\_\_\_ Heart Disease: Y\_\_\_ N\_\_\_ Leukemia: Y\_\_\_ N\_\_\_ Diabetes: Y\_\_\_ N\_\_\_  
High Blood Pressure: Y\_\_\_ N\_\_\_ Cancer: Y\_\_\_ N\_\_\_ Convulsions: Y\_\_\_ N\_\_\_ Hemophilia: Y\_\_\_ N\_\_\_  
Explain: \_\_\_\_\_

Does participant take prescription drugs regularly? Y\_\_\_ N\_\_\_ Explain: \_\_\_\_\_

Does participant require any special accommodations (glasses, contacts etc.) in order to participate fully in any activity? Y\_\_\_ N\_\_\_ Explain: \_\_\_\_\_

Special learning/behavioral needs? Y\_\_\_ N\_\_\_ Explain: \_\_\_\_\_

Allergies: Y\_\_\_ N\_\_\_ 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 Olcott Yacht Club 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.

Olcott Yacht Club reserves the right to photograph program participants for publicity purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_