



SAILING ACADEMY: MEDICAL EMERGENCY INFORMATION FORM and RELEASE

Child's Name _____
Child's Address _____
Child's Date of Birth _____
Allergies _____
Medications _____
Additional Issues, Injuries, Disabilities _____

Insurance Company Name _____
Policy Number _____
Insured's Name _____
Doctor's Name _____
Doctor's Phone Number _____
Doctor's Address _____
Hospital Preference _____

Dentist's Name _____
Dentist's Phone Number _____
Dentist's Address _____

Emergency Contacts: If there is an emergency, the Staff will use its best efforts to notify the persons listed below.

Mother: _____	Father: _____
Mobile Number _____	Mobile Number _____
Work Number _____	Work Number _____
Home Number _____	Home Number _____

Additional Emergency Contact: Name and Relationship _____

Mobile Number _____	Mobile Number _____
Work Number _____	Work Number _____
Home Number _____	Home Number _____



PARENTAL/GUARDIAN RELEASE

I hereby:

1. Give permission to the above named minor child to attend and participate in Shattemuc Yacht Club's Sailing Academy (SYCSA).
2. Give permission to the Academy staff to render preventative, first aid or emergency treatment, or all of the foregoing, necessary to the minor child's health and well-being. In the event of serious injury/illness, the need for major surgery, or significant accidental injury, I understand an attempt will be made by the Academy staff to notify the designated emergency contacts as soon as possible. If Academy staff is unable to communicate with me, the treatment deemed necessary for the minor child's health and well-being may be given.
3. Certify that, to the best of my knowledge, the medical information requested above is complete and correct, and that no health related situations preclude the minor child's participation in Academy activities.
4. Agree to assume all risk arising from the minor child's participation in Academy activities, including but not limited to any activities that may present risk of bodily injury.
5. Agree to save, hold harmless, discharge and release SYC for any and all liability, claims, causes of action, damages or demands in connection with the minor child's participation in Academy activities including sailing, swimming and transportation to, at, or from Academy activities.
6. Understand that any medical expenses for the minor child's health and well-being will be the responsibility of the parent/guardian.
7. Agree to accept any decisions made by the Academy Director in the termination of Academy attendance due to unacceptable or unsafe behavior and agree to forfeit reimbursement of any Academy fees and pay any associated costs relative to the decision.
8. Authorize the Academy staff to administer medications to my child (as prescribed by physician) as indicated on this form.
9. Certify that I am the minor child's parent or legal guardian. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above Parental Guardian Release and Information. I understand the contents of this Parental Guardian Release and Information, assent to its terms and conditions, and sign it of my own free act.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date _____