



# COLUMBIA YACHT CLUB

## S A I L I N G S C H O O L

### Personal Health And Medical Form

Name		Date of Birth		Age		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian				Phone			
Home Address			City		State		ZIP
Business Address			City		State		ZIP

If the person named above is not available in the event of any emergency, notify:

Name		Relationship		Phone	
Name		Relationship		Phone	
Name of Personal Physician				Phone	
Health/Accident Insurance Carrier			Policy No.		

**In the case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected to secure the proper medical treatment which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.**

Date		Signature of Parent/Guardian	
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Medical information past or present (please check):

Asthma	yes[ ] no[ ]	Heart disease	yes[ ] no[ ]	Leukemia	yes[ ] no[ ]
Allergies	yes[ ] no[ ]	High blood pressure	yes[ ] no[ ]	Cancer	yes[ ] no[ ]
Convulsions	yes[ ] no[ ]	Diabetes	yes[ ] no[ ]	Hemophilia	yes[ ] no[ ]

Allergies:

Food	yes[ ] no[ ]	Plants	yes[ ] no[ ]
Medicines	yes[ ] no[ ]	Insect bites	yes[ ] no[ ]

Explain any YES answers and give all information needed to provide as safe and as full participation as possible.

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures? yes[ ] no[ ]  
What?

Date of Last Tetanus Shot:	
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## Emergency Treatment Authorization

I (we) the undersigned parent, parents, or legal guardian of \_\_\_\_\_, a minor do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required and is given to provide authority and power to render care which the aforementioned physician in the exercise of his 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 any of the above treatment will not be withheld if the undersigned cannot be reached.

Child's Name (printed): \_\_\_\_\_

Parent(s) Name(s) (printed): \_\_\_\_\_

Phone Numbers: (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

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

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_



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## Liability Release Waiver

The undersigned Participant recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Columbia Yacht Club to accept his/her enrollment into the Skyline Regatta on August 9-10<sup>th</sup> 2011, the undersigned Participant covenants and agrees to save, hold harmless and indemnify Columbia Yacht Club, its officers, directors, members, employees and agents, from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to any person or damage to any property arising out of or in anywise connected with the operation of the Skyline Regatta or any activities on or the use of any facilities or equipment of Columbia Yacht Club.

Participant (please print): \_\_\_\_\_

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

Signature of Guardian (if under 18): \_\_\_\_\_