

WEST RIVER SAILING CLUB

MEDICAL RELEASE FORM

STUDENT MEDICAL RELEASE (ONE FORM PER CHILD)

I/We hereby permit Our Child, _____, to participate in WRSC activities including Sailing School, High School Sailing, and Junior Fleet. I/We recognize that the activity requires the time, energy and supervision of WRSC personnel and volunteers and the cooperation of the parents to be a success.

Therefore, I/We accept responsibility for all injury to person and property of OUR CHILD while he/she is participating in the activity. Further, I/We release, hold harmless and will indemnify the WRSC, its' Officers, Directors, Agents, including Sailing Instructors and volunteers from all responsibility for personal injury to or caused by Our Child and loss of or damage to the personal items of Our Child which may occur during travel time, class time, participation in the Activity and at any other time involved in the Activity. I/We have sufficient medical and/or accident insurance for Our Child.

By this Permission Form, I/We hereby expressly authorize the Sailing Instructor or his/her designee the right to permit emergency medical treatment in the event that it ever becomes necessary and I/We accept the personal responsibility for the cost of such treatment. I/We certify that Our Child is in good health, free from physical disability, which would make participation in the Activity inadvisable. I/We will advise the Head Sailing Instructor of any information that I/We may acquire in the future which would render Our Child incapable for health or other reasons of full participation in this Activity. This permission, release hold harmless and indemnification is given to induce WRSC to allow Our Child to participate in WRSC Activities.

PARENT/GUARDIAN SIGNATURE

DATE:

JUNIOR MEMBERSHIP AGREEMENT (ONE FORM PER CHILD)

I/We hereby permit Our Child, _____, to become a Junior Member at WRSC.

PARENT/GUARDIAN SIGNATURE

DATE:

I, _____, agree to become a Junior Member at WRSC. If I am accepted as a member of the West River Sailing Club, I agree to abide by its Constitution and By-laws and such other regulations as may be promulgated by the Executive Board.

STUDENT/PARTICIPANT SIGNATURE

DATE:



MEDICAL RELEASE FORM

STUDENT HEALTH RECORDS: (ONE FORM PER CHILD)

Student Name: _____

The following information is required:

Parent/Legal Guardian Name: _____

Home #: _____ Work #: _____ Cell #: _____

Family Doctor. Name: _____ Phone Number: _____

Doctor Address: _____

Medical Insurance Carrier: _____ Policy Number _____

Emergency Contact other than Parent: _____ Phone: _____

Relationship to Child: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problem of which we need to be aware of? Circle one: YES NO

If Yes, Explain

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's experience is a positive one? If Yes, Explain

