



WBYC JR. SAILING PROGRAM MEDICAL FORM-2018
 (Complete one form for each child registering for program)



Sailor Name _____ **DOB (Mo/Day/Year)** __/__/__

Mother's Name: _____ Tel # _____

Father's Name: _____ Tel # _____

Cell#(s): _____ (M) _____ (F)

E-mail Address(es): _____

Emergency Contact (Other than Parent): _____

Phone # _____

Physician's Name _____

Phone # _____

Date of last Tetanus Shot _____

Health Insurance Company _____

Policy # _____

Any health problems/learning challenges we should be aware of?

Is your child taking any medication? Circle **Yes** or **No**. If Yes, please specify

Any allergies? _____

I authorize the program organizers or their employees to sanction emergency treatment if none of the above people can be contacted at the time of an emergency. My child/children and I have read and agree to abide by the rules of the WBYC Junior Sailing Program. (see Junior sailing Handbook link to download). I agree on behalf of myself and my child/children to indemnify and hold harmless the Waquoit Bay Yacht Club and any of its officers, members, agents or employees from and against any and all liability, loss cost or injury to any person, persons or property.

Parent/Guardian

Signature _____ **Date** _____