

Quassapaug Sailing Center
Junior Program
MEDICAL INFORMATION SHEET
STUDENT INFORMATION

Last Name: _____ First Name: _____ Age: _____

Home Address: _____

Home Phone: _____

Class (circle one) Beginner Advanced Opti Intermediate Advanced Sailing

Session (circle one) Session 1 Session 2 Session 3 Session 4

Week (circle one) 1 2 1 2 1 2 1 2

If you are using your own personal boat please complete: Type _____ Sail# _____

PARENT INFORMATION

Mother's Name _____ Cell or Work Number _____

Father's Name _____ Cell or Work Number _____

Parent's Email address _____

MEDICAL AND EMERGENCY INFORMATION

Emergency contact if parents cannot be reached on numbers above:

Name & relationship: _____

Phone number: _____

Physician: _____ Tel: _____

Insurance Co: _____

Name of Insured: _____

Chronic illness, medical condition, allergies or medication being taken:

This information will be kept confidential among the Director and Staff on a need to know basis.

Date of last Tetanus Shot: _____

MEDICAL AUTHORIZATION

I hereby authorize an instructor from the Center, or an adult who bears this document to authorize emergency treatment for the Junior Sailor named _____

In the event that a parent or legal guardian cannot be reached at any of the phone numbers listed on this form at the time of the emergency.

Date: _____ Signature: _____

Relationship to Student: _____

NOTICE AND WAIVER

I hereby acknowledge and understand that the facilities and property of the Quassapaug Sailing Center (the Center) are for the exclusive use of its sponsors. Children participating in the sailing classes provided by the Center will be allowed use of the Center's facilities and property ONLY during such time as the sailing class is being conducted and only in conjunction with participation in such classes.

I hereby further acknowledge and understand that sailing can be a dangerous activity and carries with it risk of injury to person or property. I am allowing my child to participate in the sailing classes provided by the Center with full acknowledgement of all risks associated therewith and, on behalf of myself and my child, I assume full responsibility for, and release the Center from, any and all liability with respect to all such risks. I also understand that the Center is relying on my signature below in allowing my child to participate in the sailing classes.

I hereby understand, consent to and acknowledge the foregoing:

Your signature and relationship

Date