



**Quassapaug Sailing Center**  
PO Box 231  
Middlebury, CT 06762  
[www.qsailingcenter.org](http://www.qsailingcenter.org)

*Quassapaug Sailing Center*  
*Junior Program 2010*

MEDICAL INFORMATION SHEET

STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Class (circle one)    Beginner                      Intermediate                      Team Racing Skills

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

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 it's 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 herby understand, consent to and acknowledge the foregoing:

\_\_\_\_\_

Your signature and relationship

\_\_\_\_\_

Date