



Quassapaug Sailing Center
PO Box 231
Middlebury, CT 06762
www.qsailingcenter.org

Quassapaug Sailing Center
Adult Program

MEDICAL INFORMATION SHEET
STUDENT INFORMATION

Last Name: _____ First Name: _____ Age: _____
Home Address: _____ Phone: _____
Session (circle one) Session 1 Session 2 Session 3 Session 4

MEDICAL AND EMERGENCY INFORMATION

Emergency contact:
Name, relationship & phone number: _____
Physician: _____ Phone: _____
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 to authorize emergency treatment for the Student named above.
Date: _____ Signature: _____

NOTICE

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

WAIVER

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 participate in the sailing classes provided by the Center with full acknowledgement of all risks associated therewith and, I assume full responsibility for, and release the Center from, any and all liability with respect to all such risks.

I hereby understand, consent to and acknowledge the foregoing:

Signature

Date