



Winthrop Yacht Club Youth Sailing Program
Summer of 2019 Medical Permission Form

PERMISSION:

I hereby give permission for (FULL NAME) _____ to participate in all WYC Youth Sailing Activities at the Winthrop Yacht Club. It is understood that all reasonable caution will be taken by those in charge to prevent injuries, but neither those persons in charge, nor the Winthrop Yacht Club shall be held responsible in case of accident or death, and I hereby release them from any claims.

PARENTAL CONSENT FOR TREATMENT:

If I am unavailable for purposes of providing parental consent, I hereby authorize those persons in charge to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary, in the judgement of attending physicians, to the health and well-being of my minor son/daughter.

NAME OF YOUTH:

ADDRESS:

DATE OF BIRTH:

NAME OF GUARDIAN(S) :

CELL PHONE OF GUARDIAN(S) :

WORK PHONE OF GUARDIAN(S) :

Physical conditions of the minor noted above that the physician should be aware of (allergies, drug allergies, recurring illnesses, disabilities, chronic illnesses, medications, glasses/contacts, etc.):

I understand that I will be contacted as soon as possible if my child is brought to a hospital or facility for treatment. If I am not available, please contact:

EMERGENCY CONTACT NAME :

EMERGENCY CONTACT PHONE :

PHYSICIAN NAME :

PHYSICIAN CONTACT PHONE :

INSURANCE COMPANY AND POLICY NUMBER COVERING SAILOR :

GUARDIAN SIGNATURE: _____

DATE :
