

Winthrop Yacht Club Youth Sailing 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:

In the event that 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 judgment of attending physicians, to the health and well-being of my minor son/daughter.

Name of Youth _____
Address _____
Date of birth _____ Telephone _____
Name of Parents/Guardians _____
Telephone of Parent /Guardians (Home) _____
(Work) _____

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

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

Emergency contact name and telephone number _____
Family physician's name and telephone number _____
Insurance companies, including policy number covering youth _____

Parent/Guardian signature _____
Date _____