

Medical Emergency Release Form

Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Mother's Name: _____ Cell: _____ Work: _____

Father's Name: _____ Cell: _____ Work: _____

Please list any known medical conditions which may preclude the above named child from participating in sailing:

Please list any known medical conditions which may require consideration in the event of an emergency:

Please list all known allergies:

Do you have Asthma? Yes No If yes, do you carry an inhaler? Yes No

Do you carry an epi-pen? Yes No

Do you have Diabetes? Yes No

In case of Emergency contact (after parents):

Contact: _____ Relation: _____ Phone: _____

Personal Physician: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____ Group #: _____

Waiver:

In consideration of my child participating in Whatcom Community Sailing, I agree to accept the risks and injury to my child, to hold the officers, directors, employees, coaches, and members harmless from any claims of any nature whatsoever arising out of the activities of the High School Sailing Program.

Parent/Guardian Signature: _____ Date: _____

Should my child be in need of medical treatment, my signature below confirms my permission for this to be done in the event that I cannot be reached promptly.

Parent/Guardian Signature: _____ Date: _____