



Quissett Yacht Club  
 quissettyachtclub.org

**Medical Information and Consent Form**

**Contact Information**

Name of Participant: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ F/M  
 Name of Parent or Guardian: \_\_\_\_\_  
 Address: Summer: \_\_\_\_\_  
 Address: Winter: \_\_\_\_\_  
 Phone: Summer: \_\_\_\_\_ Cell: \_\_\_\_\_ Winter: \_\_\_\_\_

**Emergency Contact**

If the person above is not available in the event of an emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the case of an emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected to secure the proper medical treatment, which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information**

Please indicate below if your child has a medical condition that should be known to a person rendering medical assistance.

\_\_\_\_\_

Concussions: Head injuries are rare in sailing, but has your child ever had a serious head injury or concussion? Yes or No

If yes, please indicate below the severity of the concussion and the date it occurred:

\_\_\_\_\_

**Waiver:** The undersigned parent/guardian recognizes that an element of risk is involved in all sports, including sailing. In consideration of my child participating in the Quissett Yacht Club's sailing, racing or other club activities, I agree to hold harmless and indemnify the Quissett Yacht Club, its officers, directors, employees and volunteers from any and all

claims, losses, damages, fees and liability growing out of or in any manner related to injury to our child/ward or damage to any property arising out of or related in any way connected with the operation of the Quissett Yacht Club Junior Sailing Program or any activities on or the use of any facilities or equipment of the Quissett Yacht Club.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_