



JUNIOR SAILING PROGRAM MEDICAL FORM & RELEASE

Club Name MBYC

Student Name _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Please list any past medical problems _____

Surgical history _____

Allergies: Medications _____

Foods _____

Other (including Bees, Wasps, Jelly Fish) _____

Current Medication Taken _____

Date of Last Tetanus shot _____

Physician's Name _____ Physician's Telephone _____

Attach recent physical examination (within 24 months of program start date).

Emergency Contacts (at least one should be local):

- 1. _____
Parent/Guardian Relationship Phone
- 2. _____
Parent/Guardian Relationship Phone
- 3. _____
Other Contact Relationship Phone
- 4. _____
Other Contact Relationship Phone

I, _____, (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the student's emergency contacts or Parent/Guardians can be reached at the time of an emergency.

Parent/Guardian Signature

Date