

# Hobcaw Yacht Club Sailing Camp

Sailor Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

The undersigned is the Parent/Guardian of the Sailor named above and hereby acknowledges that the execution of this Agreement is a condition of the Sailor's participation in Hobcaw Yacht Club Summer Sailing Camp. The undersigned acknowledges for himself/herself, and on behalf of the Sailor, that the sport of sailing is subject to certain inherent risks, and therefore, the undersigned agrees as follows:

- 1) The undersigned accepts all risks on land and on the water which arise from Sailor's participation in Hobcaw Yacht Club Summer Sailing Camp.
- 2) The undersigned agrees to hold harmless, waives any claims against and releases any obligation of Hobcaw Yacht Club in relation to any loss, injury or damage, on land or on the water, to the Sailor or to the boat or other property of the undersigned or of the Sailor to the fullest extent permitted by law.

**By signing this document, I acknowledge that I have read, understood and agree to the provisions of this Waiver Agreement.**

Adult or Parent/Legal Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

## MEDICAL AUTHORIZATION

HOME ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE / FEMALE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

NAME OF INSURED \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

Chronic illness, medical conditions, allergies or medication being taken (Please list, or write none) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize any Hobcaw Yacht Club coach, or any other adult who bears this document, to authorize emergency treatment for the Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Adult or Parent/Legal Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

## EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:

Name \_\_\_\_\_ Relation to Sailor \_\_\_\_\_

HOME (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relation to Sailor \_\_\_\_\_

HOME (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_