



Sanguinetti Dinghy Regatta

Saturday, May 10, 2014
Marina del Rey, California USA

Parental Consent Form

Unsigned, incomplete, illegible or non-printed forms will not be accepted.

PARENTAL CONSENT FOR MEDICAL AND/OR DENTAL CARE OF A MINOR

I, the undersigned, am a parent, guardian or other person having legal custody of the following minor:

Competitor's Name (Please print)

In consideration of said minor's participation in the 2014 Sanguinetti Dinghy Regatta at California Yacht Club (CYC) and related activities, I hereby authorize CYC to consent to medical or dental care, or both, of said minor, including any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment or hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or dentist. This authorization is given pursuant to California Family Code Section 6900 et. seq. and any similar or successor laws. I agree that this authorization shall remain in full force and effect for the duration of said minor's participation in the 2014 Sanguinetti Dinghy Regatta and related activities and cannot be sooner revoked.

Non-Liability of California Yacht Club

I agree that in no event will CYC, its affiliates, or the partners, owners, directors, officers, employees, agents and committee persons of any of them have any liability whatsoever arising in connection with any medical or dental care rendered pursuant to the above Authorization, regardless of any negligence by any party.

By signing below I certify that I have carefully read, understand and agree to the above.

Signature of Parent or Guardian

Date

Print Name

Cell Phone: _____

Address: _____

Tel. (day): _____

Tel. (eve): _____

Health Insurance Carrier: _____

Plan/Group No: _____

Child's Doctor's Name: _____

Tel. _____

Alternate Emergency Contact: _____

Tel. (day): _____

Adult Responsible for Competitor at Event: _____

Adult's Cell #: _____