



2014-2015 SCYYRA SHADDEN SERIES #2

Sunday, October 5, 2014
Marina del Rey, California USA



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 2014-15 SCYYRA Shadden Series #2 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 2014-15 SCYYRA Shadden Series #2 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 checking below I certify that I have carefully read, understand and agree to the above.

I understand and agree to the above.

Date

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 #: _____