



JUNIOR REGATTA MEDICAL AND EMERGENCY FORM FOR YEAR 20__

Each participant must have a completed and signed copy of this form on file with GSBYRA in order to race in a GSBYRA Junior Regatta. Incomplete forms will not be accepted.

Name of Participant: _____

Club Affiliation: _____

In the event of accident or injury to my child named above as the "Participant" or in the event of illness of my child while in, on or about the premises of the GSBYRA Member Yacht Club while participating in Junior Regatta sponsored by or under the auspices of the GSBYRA Member Yacht Club under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to my said child of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize any officer or member of the GSBYRA Member Yacht Club to consent to such medical care, attention or treatment.
3. I agree to pay all costs of such medical care, attention or treatment and to hold free and harmless of and from any and all liability for such cost the officers and members of each GSBYRA Member Yacht Club.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed by the State of New York or of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature Parent/Guardian: _____

Name of Parent or Guardian: _____

Date: _____

PLEASE FILL OUT BOTH PAGES, SAVE, UPLOAD TO CHILD'S MY.REGATTANETWORK ACCOUNT, & UPLOAD WITH EACH GSBYRA JUNIOR REGATTA REGISTRATION FOR THE SEASON.



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FEMALE MALE DATE OF BIRTH: ___/___/___

FULL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

NAME OF EMERGENCY CONTACT PERSONS	RELATIONSHIP	PHONE NUMBER
1.		
2.		

NAME OF PRIMARY CARE PHYSICIAN	PHONE NUMBER	DATE OF LAST EXAM
DATE OF LAST TETANUS / DIPHTHERIA / TOZOID SHOT		/ /

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

PLEASE RESPOND AS ACCURATELY AND COMPLETELY AS POSSIBLE AND CHECK APPLICABLE:

CHRONIC AILMENTS:	ALLERGIES:
ASTHMA, OR OTHER RESPIRATORY PROBLEMS	FOODS
DIABETES OR HYPOGLYCEMIA	LATEX
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	BEE STINGS/INSECT BITES
CIRCULATORY OR HEART PROBLEMS	IF YES, DO YOU CARRY AN EPIPEN?
EPILEPSY/ SEIZURE	OTHER

LIST CURRENT MEDICATIONS TAKEN:	DOSAGE	LIST MEDICATION ALLERGIES