

MEDICAL AND EMERGENCY INFORMATION

NAME: _____ **SEX:** (M) _____ (F) _____
ADDRESS: _____
Street/P.O. Box
City _____ State _____ Zip _____
PHONE: _____ (home) _____ (emergency cell)
DATE OF BIRTH: _____

The participant and his or her parents must answer the following questions as accurately and completely as possible. Please check those that apply (Provide necessary details below):

CHRONIC AILMENTS:	ALLERGIES:
Asthma or other respiratory problems	Medication
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	Foods
Other	Others, if significant

Date of Last Tdap (Tetanus/Diphtheria/Acellular Pertussis) Shot:

Current Medications and Dosage, if any: _____
Details:

Please make sure you have filled in all the necessary information.
Attach a copy of your health insurance card to this form.

Thank you!

YOUTH SAILING REGATTA RELEASE AND CONSENT FORM

I, the undersigned parent or legal guardian of the above-named participant, hereby give permission for my child to participate in the Youth Sailing Regatta. I acknowledge that participation in sailing activities involves inherent risks, including but not limited to personal injury or property damage. I voluntarily assume all such risks on behalf of my child.

I hereby release and hold harmless the event organizers, sponsors, volunteers, and associated facilities from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or property, whether caused by negligence or otherwise, during or in connection with the regatta.

In the event of an emergency, I authorize medical personnel to provide necessary treatment for my

child. I understand that reasonable effort will be made to contact me prior to such treatment, but that emergency care may be provided if I cannot be reached promptly.

Parent/Guardian Name: _____

Signature: _____ **Date:**

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Phone: _____

Please return this completed form to the event registration desk or email it to the regatta coordinator before the event date.

Thank you for helping us ensure the safety of all youth participants!