



## 2014 Youth Medical Form

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_  Check ONLY if you do NOT want your child photographed

Swimming Ability:  Novice  Intermediate  Advanced PLEASE EXPLAIN BRIEFLY: \_\_\_\_\_

Has your child sailed before?  Yes  No

Are the child's Parents/Grandparents/Guardians frequent sailors?  Yes  No

*The federal government requires that an organization maintain records on the race, sex, and ethnic group of its applicants. The information is only for record keeping purposes and to support our funding and grant requirements. This information is optional.*

Gender:  Male  Female

Household Income:  Under \$25,000  \$25,000-\$45,000  \$45,000-\$65,000  \$65,000-\$85,000  Over \$85,000

Ethnicity:  Asian/Pacific Islander  African American  Hispanic  Native American  Caucasian  Other: \_\_\_\_\_

### In case of an emergency, please notify:

**Guardian.** Full Name \_\_\_\_\_ Guardian's Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Secondary Contact.** Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Medical/Emergency Information:

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Medical Plan Name: \_\_\_\_\_ Medical No: \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Allergies (food or medication): \_\_\_\_\_

Special Instructions, accommodations or assistive devices needed: \_\_\_\_\_

### Medical Treatment and Liability Release:

Should the participant be in need of medical treatment, my signature below confirms my permission for all reasonable medical treatment to be performed in the event that I cannot be reached promptly.

I recognize that sailing requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. For and in consideration of the acceptance by the Alameda Community Sailing Center (ACSC) Youth Sailing Program of the above child's participation in this Sailing Program, I hereby accept all of the risks and responsibilities of participating in said sailing program and waive any and all claims I may have against the ACSC Youth Sailing Program, the Alameda Community Sailing Center and its members, officers, directors, committees, agents, sanctioned volunteers and/or employees arising out of or in any way connected with such participation.

I represent and warrant that the above named participant is physically fit and has no medical condition that would prevent their full participation in the ACSC Youth Sailing Program. The above named participant agrees to abide by the rules of the Sailing Program and the rules of ACSC.

**Printed Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_