



EMERGENCY MEDICAL AUTHORIZATION FORM

PURPOSE: To enable/direct instructor and or program Chairperson to authorize the provision of emergency treatment for participants who become ill or injured while participating in the **PCYC Learn to Sail Program**.

Participant's Name: _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Cell Phone: _____

Part I

In the event of an accident by a participant reasonable attempts will be made to contact the individuals named below.

1. _____
Name Relationship *Phone*

2. _____
Name Relationship *Phone*

Instructors will notify emergency medical personnel for transfer to the hospital if necessary.

Dr. (Preferred Physician) _____ Phone _____
Or

Dr. (Preferred Dentist) _____ Phone _____

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; or (2.) transfer to _____ (Preferred hospital), or any hospital reasonably accessible.

This authorization does not cover major surgery.

I do hereby give my consent for emergency medical treatment in the event of illness or injury.

Date _____ Parent/Guardian Signature _____



PARTICIPANT MEDICAL HISTORY For: _____

Facts concerning my medical history including allergies, medications, and physical impairments to which a physician should be alerted:

MEDICAL INSURANCE INFORMATION:

Medical Insurance Coverage With: _____

Group Policy # _____ **Plan #** _____

Eff. Date _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I wish the instructor to take no action or to:

Date _____ **Parent/Guardian Signature** _____



PORT CLINTON YACHT CLUB Learn to Sail Program

PARENT'S CONSENT And WAIVER OF LIABILITY – ASSUMPTION OF RISK – INDEMNITY AGREEMENT

The undersigned parent or legal guardian of _____, request that he/she be allowed to participate as a member of the **Port Clinton Yacht Club Learn to Sail** and /or the **Jr. Race Team** program.

In return for the youth being permitted to take part in the activities and to use the facilities and property of the Port Clinton Yacht Club each of us makes the following promises, and warrants the truth of the following facts”

1. I am familiar with the activities included in the program, and I understand officers and employees of PCYC are available to discuss the activities should I wish for additional information. I also understand I am solely responsible for the arrival and departure of my child for practices and regattas. I agree that the Yacht Club will have no responsibility for the supervision of my child at times other than during the scheduled program times.
2. I will inform my child that he/she is expected to cooperate with, and follow the directions of, the person(s) in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship, safety, and respect for the rights of others. Failure to cooperate and/or follow directions may result in disciplinary action, including removal from the program(s) without refund. Potentially dangerous actions on the part of any team member will not be tolerated.
3. My child is in good health, and I know of no reason why he/she would be incapable of participating in the program. My child knows how to swim. I will immediately notify the Jr. Race Coach and/or head instructor if a change in my child's health or other condition would affect my child's ability to participate in the program.
4. **WAIVER OF LIABILITY:** I waive and release any right I or my heirs and assigns may have or acquire to make claim against, sue, attach the property of, or prosecute the Port Clinton Yacht Club or any of its members, directors, officers, agents, employees, and/or affiliated organizations for monetary damages caused by injury to my child, or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of the Port Clinton Yacht Club whether or not the injury or damage results from negligence or other actions, except intentional acts, of the Port Clinton Yacht Club or any of its members, directors, officers, agents, employees, and/or affiliated organizations.
5. **ASSUMPTION OF RISK:** I accept any and all risks to my child or myself of injury, death, and property damage arising from participation in the program and the use of the facilities and property of the Port Clinton Yacht Club whether or not caused by negligence, or other actions, except intentional acts, of the Port Clinton Yacht Club or any of its members, directors, officers, agents, employees and/or affiliated organizations.



I HAVE CAREFULLY READ, AND FULLY UNDERSTAND THIS AGREEMENT AND ITS CONTENTS. I AM AWARE THAT THE AGREEMENT INCLUDES A WAIVER OF LIABILITY AND ASSUMPTION OF RISK.

Dated: _____ Parent/Guardian Signature_____

Tubing/Picture Permission:

During the sailing camp, on occasion sailors may be taken tubing. Parental approval must be given to participate in this activity. We will also post pictures on PCYC Facebook page. Please sign to give us permission.

Dated: _____ Parent/Guardian Signature_____



Sail Camp Equipment List

- A. U.S. Coast Guard approved proper fitting life jacket**
- B. Safety whistle that can be attached to life jacket (West Marine carries them)**
- C. Hat to cut down on sun exposure**
- D. Boat shoes/water shoes (not flip-flops) Non-skid or tennis shoes/closed toe shoes**
- E. Sunscreen**
- F. T-shirt & shorts**
- G. Bathing suit**
- H. Towel**
- I. Sunglasses**
- J. Water bottle**