

# PORT CLINTON YACHT CLUB

## EMERGENCY MEDICAL AUTHORIZATION FORM

**PURPOSE:** To enable/direct instructor and or program Chairperson to authorize the provision of emergency treatment for participant 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: \_\_\_\_\_

**Married** \_\_\_\_\_ **Single:** \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

### **PART I**

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

1. \_\_\_\_\_  
*Name Relationship Phone*

Secondary Phone: \_\_\_\_\_

2. \_\_\_\_\_  
*Name Relationship Phone*

Secondary 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 \_\_\_\_\_ Participant Signature \_\_\_\_\_

**PARTICIPANT MEDICAL HISTORY For: (Name: \_\_\_\_\_)**

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

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**MEDICAL INSURANCE INFORMATION:**

Medical Insurance Coverage With: \_\_\_\_\_

Group Policy # \_\_\_\_\_ Plan # \_\_\_\_\_ Eff. Date \_\_\_\_\_

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**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:

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Dated \_\_\_\_\_ Parent Signature \_\_\_\_\_

**REGISTRATION FORM 2019**  
**Port Clinton Yacht Club – Youth Learn to Sail**  
**PO Box 127, Port Clinton, OH 43452**

Participant's

Name \_\_\_\_\_ Parent Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
T-Shirt Size \_\_\_\_\_

Responsible Local Adult \_\_\_\_\_ Phone no. \_\_\_\_\_

Prior Sailing/Racing Experience (if any) \_\_\_\_\_

PCYC Member Name: \_\_\_\_\_ Member of Another ILYA Club: \_\_\_\_\_

Participant Height \_\_\_\_\_ Participant Weight \_\_\_\_\_ Participant Age \_\_\_\_\_

List all e mail addresses that you would like correspondence: \_\_\_\_\_ Participant Birthday \_\_\_\_\_

List all #'s to be notified of text updates: \_\_\_\_\_

*You will not receive confirmation of Learn to Sail acceptance until Registration is complete.*

**Deadline for paperwork is May 15, 2019**

*Registration is considered completed when the below is completed and delivered via e mail to Linda Sprenger or to the PCYC bar, Attention Ted Wierzba.*

- \_\_\_\_\_ This Registration form properly completed.
- \_\_\_\_\_ Signed & initialed Consent, Waiver of Liability, Assumption of Risk & Indemnity Form
- \_\_\_\_\_ Properly completed & signed Emergency Medical Form
- \_\_\_\_\_ Check made payable to: *PCYC Jr. Sail Program*
- \_\_\_\_\_ Contact Linda Sprenger via phone (419-341-3098) or email (lindalousprenger@gmail.com)

**LEARN TO SAIL (2 Week Camp)**

**\$250.00 Non-Member**

**\$175.00 PCYC Member**

**\$150.00 2<sup>nd</sup> Child PCYC Member or Multiple Sessions**

**JR RACE TEAM\***

**\$400.00 Jr. Race Team Non-Member**

**\$350.00 Jr. Race Team PCYC Member**

**Race Clinic**

**\$100.00 PCYC Member**

**\$175.00 Non-Member**

**\*Race Team is defined as anyone who plans on participating in more than one traveler's series race. Race Team members may attend all three sessions in addition to race team practice. Tentative practice times are M-T-W 3-6 with some Fridays and Saturdays.**

# PCYC LEARN TO SAIL PROGRAM

☐ Session 1: June 10 to June 21st 9:00am - 2:00pm \* *No camp of 6/19/2019*

☐ Session 2: June 24 to July 5th 9:00am - 2:00pm \* *No camp of 7/4/2019*

☐ Race Clinic: July 8 to July 12 9:00am - 2:00pm

*(Note: Race camp is designed for students who have taken at least one session of learn to sail and have an interest in learning the principles of sailboat racing and rules.*

## 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 (not flip-flops) Non-skid or tennis shoes.
- E. Sunscreen
- F. T-shirt & shorts (not tattered or ripped which may result in getting caught in rigging)
- G. Bathing suit
- H. At least one clean dry towel
- I. Warm clothes
- J. Sunglasses w/croakie
- K. Water bottle
- L. Extra pair of dry shoes
- M. Extra set of dry clothes (don't forget underwear)
- N. Packed lunch each day

**\*Please mark all items with a waterproof pen!**

# 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 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. **ASSMPTION 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's Signature      Parent/Guardian's Signature

**\*During the sailing camp, on occasion sailors may be taken tubing. Parental approval must be given to participate in this activity. Dated: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_**

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