

Bay-Waveland Yacht Club
 Summer Sailing Camp Medical Release Form

Student's Name: _____ Date of Birth: _____

List all known allergies to medications:	Current medications:

Date of last tetanus shot: _____

Medical Insurance Information:

Father's Insurance Coverage

Mother's Insurance Coverage:

Carrier:		Carrier:	
Policy #:	Group #:	Policy #:	Group #:

As the parent/guardian of the above named student, I hereby acknowledge that the risk of injury, including serious debilitating injury, is involved in athletic participation. I recognize that the Bay-Waveland Yacht Club and their representatives make efforts to reduce these risks, but further recognize that their efforts cannot and will not eliminate all such risks. I am aware of the risks involved, and give my consent for the above named student to participate in all activities associated with the Bay-Waveland Yacht Club Summer Sailing Camp.

I am aware that the Bay-Waveland Yacht Club does not carry medical insurance for students and that medical insurance coverage will be provided by parent/guardian. Evidence of such coverage is provided above.

I further release and hold harmless the Bay-Waveland Yacht Club, their Officers, Directors, Trustees, agents, employees and instructors from any and all liability arising from the above-named student's participation in the Bay-Waveland Yacht Club Summer Sailing Camp and all related activities.

Signed: _____ Date: _____

Permission for Medical Care

I hereby grant permission to any appropriately qualified health care professional to give any and all medically appropriate emergency care to my son/daughter/ward, including but not limited to anesthesia and surgery.

Father/Legal Guardian	Date	Mother/Legal Guardian	Date
Address		Address	
City, State Zip		City, State Zip	
Home telephone	Work telephone	Home telephone	Work telephone