

Willamette Sailing Club Youth & High School Sailing Program

Medical Emergency Release Form

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Mother's Name: _____ Phone 1: _____ Phone 2: _____

Father's Name: _____ Phone 1: _____ Phone 2: _____

Please list any known conditions which may preclude the above named child from participating in sailing:

Please list any known conditions which may require consideration in the event of an emergency:

Please list all known allergies:

Do you have Asthma? Yes No If yes, do you carry an inhaler? Yes No

Do you carry an epi-pen? Yes No

Do you have Diabetes? Yes No

In case of emergency:

Contact: _____ Relation: _____ Phone: _____

Personal Physician: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____ Group#: _____

Waiver:

In consideration of my child participating in the Willamette Sailing Club Youth or High School Sailing program, I agree to accept risks of injury to my child, to hold the Willamette Sailing Club, its officers, directors, employees, and members harmless from any claims of any nature whatsoever arising out of the activities of the Youth or High School Sailing Program.

Parent/Guardian Signature: _____ Date: _____

Should my child be in need of medical treatment, my signature below confirms my permission for this to be done in the event that I cannot be reached promptly.

Parent/Guardian Signature: _____ Date: _____

Mail to: Willamette Sailing Club P.O. Box 69385 Portland, OR 97239