

**NCYC Advanced Racing Clinic 2019  
Medical Information and Consent Form**

Participant's Name \_\_\_\_\_

Parent/Guardian's Name (if participant under 18 yrs.) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Other (please indicate) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Please describe any medical conditions or concerns. \_\_\_\_\_

\_\_\_\_\_

Please list any medications to inform medical personnel in treating your child in case of emergency. \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person (other than person listed above) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

The undersigned represents that they are the parent/guardian of the junior sailor named above, and in the event of injury or illness of said junior sailor while participating in the NCYC Advanced Racing Clinic, agree to the following provided the undersigned is unavailable:

1. The undersigned consent to furnishing to said child, medical care, attention and treatment by any hospital or physician deemed necessary or advisable.
2. The undersigned authorize any officer or member of North Cape Yacht Club to consent to medical care, attention or treatment of said child.
3. The undersigned shall be responsible for all costs of such medical care, attention or treatment, and shall indemnify and hold free and harmless from any and all liability for such cost North Cape Yacht Club and the officers and members thereof.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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I refuse to give anyone consent to authorize the medical treatment of my child. In case of emergency, contact myself or anyone else listed on this application.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_