

CYC JUNIOR ACTIVITIES 2008
CONANICUT YACHT CLUB MEDICAL RELEASE AND LIABILITY WAIVER

****All children participating in any Jr. Activities are required to have a Medical Release filled out!**

****Please print and list child's last name if different from parent/guardian.**

Child(ren)'s Name: (1) _____ (2) _____
(3) _____ (4) _____

Parent/Guardian: _____ home telephone: _____
work telephone: _____

Address: (Summer) _____

1. Person(s) to contact in case of emergency: _____ telephone: _____
2. Person(s) to contact in case of emergency: _____ telephone: _____

Child's Physician: _____ telephone: _____

Health Insurance company : _____ Policy # : _____

Medical or other problems the staff should be aware of (ie: allergies, etc.): _____

My child(ren) will commute to the 2007 Junior Activity Programs by: (circle all that apply)

Automobile Bicycle Walk Other _____

Person(s) authorized to pickup my child(ren) **other than those persons listed above:**

<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event that my child(ren) should become ill or injured, I authorize emergency medical care, treatment by a physician and/or a medical treatment facility. I hereby release, absolve, indemnify and hold harmless the Conanicut Yacht Club, its staff, trustees and members from any liability resulting from my child(ren)'s participation in Club sponsored activities, including, but not limited to my child(ren)'s arrival, departure and/or transportation to and from the Club.

(signature: Parent/Guardian) Date: _____