



CYC JUNIOR ACTIVITIES 2012  
CONANICUT YACHT CLUB MEDICAL RELEASE AND LIABILITY WAIVER

**\*\*All children participating in any Jr. Activities are required to submit this Medical Release/Liability form/**

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

Child(ren)'s Name: (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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.): \_\_\_\_\_

**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.**

Date: \_\_\_\_\_

\_\_\_\_\_  
(signature: Parent/Guardian)

My child(ren) will commute to the 2012 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:**

Name

Relationship

Telephone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_