

East Bay Sailing Foundation
Bristol Sailing Program
Emergency/Medical Information Form
Important Information --Please Print Clearly—ONE per family

Family Name: _____

Participant Name(s)	Special Instructions			
	Food	Allergies	Medicine	Tetanus Booster?
				Yes No
				Yes No
				Yes No
				Yes No

Emergency Contacts:

	Name	Relationship	Phone Number(s)
Preferred			
Alternate #1			
Alternate #2			
Physician		Phone:	

Please provide any information about your child that would be helpful during an emergency or that we should know to help make his/her summer sailing experience a positive one. Comment about special needs or preferences, medical conditions, phobias, etc. _____

Persons authorized to pick up your child(ren) from the sailing program: _____

Waiver of Liability:

As a parent guardian of the named child(ren) registered in the East Bay Sailing Foundation Sailing Program, or as an adult enrolling in the program myself, in accordance with Section 7-6-9 of the General Laws of Rhode Island, I hereby waive and release any and all claims for damages that I or my child may have against the East Bay Sailing Foundation (EBSF), the Bristol Yacht Club (BYC), and all officers, directors, members, employees, and committees of these organizations for any and all injuries or personal property loss suffered at or while participating in any activity of the EBSF or while traveling to or returning from any activity in conjunction with the East Bay Sailing Foundation sailing program. I further agree that my child and I will abide by all rules of the EBSF and of the Bristol Yacht Club.

I acknowledge that participation in sailing and related activities may involve substantial risk of personal injury or even death, and I hereby assume on behalf of myself and my child the risk of any such injury arising while participating in any activity sponsored by the EBSF or the Bristol Yacht Club and forever give up and relinquish any claim for liability against EBSF or BYC, their officers, directors, agents, servants and employees that I or my child may have by reason of attending or participating in such activities.

In the case of sickness or accident, I hereby give my consent for emergency medical care procured by the Sailing Program Director, the Head Instructor, or his/her representative. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the enrollee.

I further state that the enrollee will have a USCG approved personal flotation jacket and, if a minor, will wear it in the prescribed manner when on the docks and boats, and during water-related activity.

Signed: _____

Date: _____