

Name	Age
Address	Date of Birth
Parent(s)	Home Phone
or Please Print	Daytime Phone
Guardian(s)	Emergency Phone
Please Print	Cell Phone
Are you a club member?	Sponsor
e	ate in the Sailing School, sponsored by Boca Ciega edgeable of the risks in any sport, I do hereby agree
to indemnify and hold harmless the aforementi Boca Ciega Yacht Club, in the claims suit, action indirectly arise from my child's participation in permission for my child to receive any first aid,	ioned sponsors, its officers, as well as members in the ons, expenses, or other liabilities which may directly or the sailing activities of the Sailing School. I also give /medical attention deemed necessary by Boca Ciega ccur during his/her participation in the program.
to indemnify and hold harmless the aforementing Boca Ciega Yacht Club, in the claims suit, action indirectly arise from my child's participation in permission for my child to receive any first aid, Yacht Club teaching staff should an accident of	ioned sponsors, its officers, as well as members in the ons, expenses, or other liabilities which may directly or the sailing activities of the Sailing School. I also give /medical attention deemed necessary by Boca Ciega
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Personal Health and Medical Record

I give permission for full participation in BCYC programs, subject to limitations noted herein. **In case of emergency,** I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Name	Date of	of birth /	
Age Sex Height Weight			
If person named in above Permission Form is not a	•		
•			
Name			
Relationship	Telephone_		
Name			
Relationship	Telephone		
Name of personal physician	_		
Telephone			
•			
Personal health/accident insurance carrier			
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