



Emergency Medical Information – Summer 2011

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Lake Address: \_\_\_\_\_

Next grade in school: \_\_\_\_\_

Name of school: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary care physician name: \_\_\_\_\_

City/Town: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please check any items that apply. Use the space below for additional details.

<input type="checkbox"/>	Eyeglasses	<input type="checkbox"/>	Hearing Aids	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Diabetes/hypoglycemia	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Blood Disorder

\_\_\_\_\_

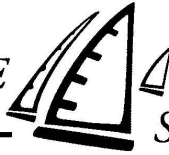
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## LIABILITY WAIVER AND TREATMENT AUTHORIZATION

### **Emergency Treatment Authorization**

I/We the undersigned parent(s), or legal guardian of \_\_\_\_\_ (the child), a minor, hereby authorize the Crystal Lake Sailing School ("CLSS") and it's officers and agents to take whatever actions they believe are warranted under the circumstances for the health and safety of the child, including the placing of the child in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I/We further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of the hospital) of the child rendered by a licensed medical doctor, dentist or other health care professional, at my/our cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment or care that may be provided to the child in order to give authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his/her professional judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment or care may be provided to the child if the undersigned cannot be reached.

Initials \_\_\_\_\_

### **Release**

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the CLSS to accept his/her child into the CLSS, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the CLSS, it's officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anyway connected with the operation of the CLSS or any activities on or the use of any facilities or equipment of the CLSS.

Initials \_\_\_\_\_

### **Photographic Release**

I hereby acknowledge that my child may be photographed while participating in CLSS activities and/or programs; I hereby unconditionally authorize CLSS, at its sole discretion, to use any such photographs in brochures, flyers and any other advertising, promotional or educational materials.

Initials \_\_\_\_\_

### **Parent Agreement**

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the CLSS and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is **attributed to our child's reckless or irresponsible behavior** and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor or director conference if requested.

Initials \_\_\_\_\_

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Signature of Father, Mother, Guardian or Adult Student

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Date