CRYSTAL LAKE YACHT CLUB EMERGENCY FORM

Please Print

NAME: _____
LAST FIRST

AGE: _____

LOCAL ADDRESS: _____

LOCAL PHONE NUMBER(S): _____ _____

CELL PHONE NUMBER: _____

DOES YOUR CHILD HAVE ANY MEDICAL OR OTHER SPECIAL CONDITION THAT WE SHOULD KNOW ABOUT? IF SO, PLEASE DESCRIBE:

EMERGENCY CONTACT: (IF PARENT NOT REACHABLE):

NAME: _____ PHONE: _____

LOCAL PHYSICIAN: _____ PHONE: _____

IN CASE OF ACCIDENT OR MEDICAL EMERGENCY, I AUTHORIZE THE CRYSTAL LAKE YACHT CLUB TO SEEK MEDICAL TREATMENT FOR MY CHILD,

_____.
NAME OF CHILD

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

DATE: _____