



2025 BEACHWOOD YACHT CLUB SAILING PROGRAM
MEDICAL RELEASE FORM
A SEPARATE FORM MUST BE COMPLETED IN INK FOR EACH SAILOR

SAILORS NAME: _____
STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
BIRTH DATE: _____ SEX: _____ SOCIAL SECURITY NO.: _____
PARENTS AREA CODE & PHONE#: _____
PARENTS WORK#: _____
EMERGENCY CONTACT OTHER THAN PARENT: _____
RELATIONSHIP: _____
PHONE NO.: _____

PRIMARY MEDICAL INSURANCE

COMPANY: _____
POLICY#: _____
KNOWN ALLERGIES OR PERTINENT INFORMATION: _____

Recognizing the possibility of physical injury associated with sailing, I/we hereby release, discharge and/or otherwise indemnify BYC, their employees, and their associated personnel, against any claim by or on behalf of the registrants participation in the programs and or being transported to or from the same, which transportation I/we hereby authorize.

THEREFORE, I/WE GRANT BEACHWOOD YACHT CLUB PERMISSION TO ACT AS MY SURROGATE FOR MY CHILD IN THE AREA OF OBTAINING MEDICAL TREATMENT BY A DOCTOR OF MEDICINE OR DENTISTRY. I ALSO ASSUME THE FINANCIAL RESPONSIBILITY FOR ANY MEDICAL TREATMENT FOR MY CHILD.

SIGNATURE-PARENT OR GUARDIAN: _____
DATE OF SIGNING: _____

STATE OF NEW JERSEY, OCEAN COUNTY ss:

The above named parent or guardian subscribed and sworn to me on this the _____ day of _____, 2025.

Signature _____, my commission expires _____, Notary Public.

THE MEDICAL FORM IS TO BE TURNED IN ONLY AT ORIENTATION