



**2024 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 \_\_\_\_\_, 2024.

Signature \_\_\_\_\_, my commission expires \_\_\_\_\_, Notary Public.

**THE MEDICAL FORM IS TO BE TURNED IN ONLY AT ORIENTATION**