



2026 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 _____ day of _____, 2026.

Signature _____, my commission expires _____, Notary Public.

THE MEDICAL FORM IS TO BE TURNED IN ONLY AT ORIENTATION