



## Benicia Yacht Club Youth Sailing Medical Information/Authorization

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M/F \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone:(h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone:(h) \_\_\_\_\_ w) \_\_\_\_\_ (c) \_\_\_\_\_

email: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Other Insurance Info: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

Medical Conditions or Learning Disabilities: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Any vision or hearing defects: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Do they wear contact lenses Yes \_\_\_ No \_\_\_

Other information: \_\_\_\_\_

I certify that my enrolled child does not have a medical or health condition that precludes them from participating in BYC Youth Sailing and they are able to swim at least 25 yards.

**SIGNATURE (Parent or Legal Guardian)**

\_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR**

The undersigned parent or guardian of \_\_\_\_\_, a minor, does hereby consent to any emergency x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general of special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. This authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California. **This Authorization Shall Remain Effective Until Revoked in Writing.**

**SIGNATURE (Parent or Legal Guardian)**

\_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE (Parent or Legal Guardian)**

\_\_\_\_\_ Date \_\_\_\_\_

**Electronic Signature Notice: By typing my name and submitting this form digitally, I agree that this being treated as an electronic signature.**