

GLPYC Emergency Medical Information

CONTACT INFORMATION (please print)

_____ M/F Date of birth: ____/____/____
(Participant's last name) (First name) (M.I.)

Summer address: _____ Daytime phone: _____
_____ Evening phone: _____
Cell #1: _____
Cell #2: _____

Parent(s)/Guardian(s) (Participants under age 18 only):

_____ Phone: _____
(Name) (Relationship)

_____ Phone: _____
(Name) (Relationship)

Emergency contact (Required for all participants; should be non-parent contact for participants under age 18):

_____ Phone: _____
(Name) (Relationship)

_____ Phone: _____
(Name) (Relationship)

MEDICAL INFORMATION

Please check all that apply and provide necessary details below:

Asthma/respiratory problems: _____ Seizures: _____
Diabetes or hypoglycemia: _____ Bee sting/insect bite allergy: _____
Hemophilia or bleeding problems: _____ Food allergies: _____
Circulatory/heart problems: _____ Medication(s): _____
Epilepsy: _____ Other, if significant: _____
Details: _____

Other relevant history:

Date of last tetanus shot:

Physician: _____ Phone: _____
Health insurance provider _____ Insurance number: _____

I give permission for myself or my child (named above) to receive emergency medical treatment as deemed necessary in the case of injury or sickness. In consideration of my participation or that of my above named child in activities conducted and/or sponsored by the Groton Long Point Yacht Club, I acknowledge that such activities are potentially hazardous and pose a risk of injuries that can be significant and that I assume such risks. I agree to release, hold harmless and waive any claims that might arise against the Groton Long Point Yacht Club, and its officials, representatives, agents and employees on account of any and all injuries and claims of injury to person while participating in or traveling to and from said activities. I also hereby give my permission to the GLPYC to use any photographs, motion pictures, recordings, or any other media record of said activities in which I and/or said child appear for any lawful purpose.

Parent/guardian or participant signature _____ Date: _____