

Arundel Yacht Club  
Junior Sailing Program Emergency Medical Form

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list the person(s) to be notified in case of illness or injury:**

Primary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Information**

Are there any physical or medical limitations of which we should be aware?

\_\_\_\_\_  
\_\_\_\_\_

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

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

Other Needs: \_\_\_\_\_

Family Physician: \_\_\_\_\_

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

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Parent/Legal Guardian Consent:**

Consent is hereby given for the applicant to attend the AYC Jr. Sailing Program and permission is given for emergency medical procedures to be administered if it should become necessary.

Signature: \_\_\_\_\_ (Parent/Legal Guardian)

Date: \_\_\_\_\_

**Please return this form with payment and registration form to:**

**Arundel Yacht Club, PO Box 328, Kennebunkport, ME 04046**

**Attn: Jr. Sailing Program**