

Arundel Yacht Club
2009 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/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: _____

Date: _____

Please return this form with payment and registration:

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

Attn: Jr. Sailing Program