

The San Francisco Yacht Club 2018 Laser Race Team Program

Emergency Medical Release Form

Name: _____ Phone: _____

Address: _____

Sailor Email: _____ Sailor Cell: _____

E-mail: _____ (print clearly)

Mother's name: _____ Cell Phone _____

Father's name: _____ Cell Phone _____

In an emergency contact: _____ Phone _____

Personal Physician: _____ Phone _____

Insurance Carrier: _____ ID# _____

Special Medical Conditions: _____

Waiver: In consideration of my child participating in the San Francisco Yacht Club Laser Race Team Program, I agree to accept risk of injury to my child, to hold the San Francisco Yacht Club, its Officers, Directors, employees and members harmless from any claims of any nature whatsoever, arising out of the activities of the SFYC Laser Race Team.

Parent/Guardian Signature _____ Date _____

Should the participant be in need of medical treatment, my signature below confirms my permission for this to be done in the event that I cannot be reached promptly.

Parent/Guardian Signature _____ Date _____

Photo Release

The SFYC publishes photographs of our sailors on our website, magazine and other promotional material. By signing below, I agree that my sailor's image can be used and published by The SFYC.

Parent/Guardian Signature _____ Date _____

Contact Information Release

By signing below you agree to have your family's information (name, telephone number, and other contact information, e.g. e-mail address) published in the SFYC Youth Sailing Contact Booklet.

Parent/Guardian Signature _____ Date _____

The San Francisco Yacht Club Youth Sailing Program
P.O. Box 379, Belvedere, CA 94920
415-435-9525 * Fax 415-435-4794 * youth@sfyc.org