OSC Adult/Junior Sailing Program
Medical Release Form

Name:

_____

Last First M.I.

Date of Birth: _____ **Gender:** M / F

Personal or Family Physician(s)

_____

Name **Phone**

_____

Name **Phone**

Parent(s) / Guardian(s)

(1)_____

Name Relationship Phone

(2)_____

Name Relationship Phone

(3)_____

Name Relationship Phone

Allergies / Physical Impairments:

Please list any medical conditions either current or past that may affect your safety during the program:

_____

_____

_____

_____

_____

Medications:

Please list any current medication you are taking:

_____

_____

_____

_____

_____

Waiver of Liability & Emergency Treatment Authorization

I, _____ (parent / guardian) understand that sailing is a potentially hazardous activity and hereby release the Otsego Sailing Club, it's members and employees from any and all claims and liability arising from my (child's) participation in the Junior Sailing Program and / or Adult sailing Program. I authorize the program organizers or their employees to sanction emergency treatment if none of the above named (1, 2, or 3) can be contacted at the time of an emergency.

_____

Signature Date