



Encinal Yacht Club Youth Sailing Program

Medical Form, Authorization, & Photo Release



Participant Name: _____ Birthdate: _____ M/F: _____

Address: _____ City, St, Zip: _____

Participant Cell: _____ Participant Email: _____

Parent/Guardian Name: _____ Email: _____

Parent/Guardian Phone:(h) _____ (w) _____ (c) _____

Parent/Guardian Name: _____ Email: _____

Parent/Guardian Phone:(h) _____ (w) _____ (c) _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Medical Insurance: _____ Policy #: _____

Other Insurance Info: _____

Doctor: _____ Phone: _____ City: _____

Dentist: _____ Phone: _____ City: _____

Medical Conditions or Learning Disabilities: _____

Known Allergies: _____

Current Medications: _____

Any vision or hearing impairments: _____

Date of last Tetanus Shot: _____ Do you wear contact lenses? Yes No

Other: _____

SIGNATURE (Parent or Legal Guardian) _____ **Date** _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

The undersigned parent or guardian of _____, a minor, does hereby consent to any emergency x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general of special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. This authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California. **This Authorization Shall Remain Effective Until Revoked In Writing.**

SIGNATURE (Parent or Legal Guardian) _____ **Date** _____

PHOTO PERMISSION RELEASE FORM

I, _____ (please print GUARDIAN'S name), grant permission to Encinal Yacht Club (EYC) and Encinal Yacht Club Junior Program to use my likeness, photographic image and my name in its promotional and publicity collateral and/or internal communications materials free of charge.

I also grant permission to EYC and EYC Junior Program to use the likeness, photographic image(s) and the name of

_____ (Print name of CHILD) for the same purposes free of charge. I

do not limit this use to conclude at a specific time or date. It is understood by me, EYC and EYC Junior Program that these items shall be used in a professional and positive manner.

SIGNATURE (Parent or Legal Guardian) _____ **Date** _____