



Bahia Corinthian Yacht Club
1601 Bayside Drive
Corona Del Mar, CA 92625
949-644-9530

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Junior Sailing Program
Emergency Medical Release

Participant's Name: _____ Date of Birth: _____ Age _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Home Phone # _____ Home Phone # _____

Work Phone # _____ Work Phone # _____

Mobile Phone # _____ Mobile Phone # _____

Physician _____ Phone # _____

Insurance Co _____ Insured's Name _____ Policy _____

Has the Program Participant ever been treated for:

- ☐ Disease of the bones or joints ☐ Heart Disease ☐ Asthma ☐ Rheumatic Fever
☐ Chronic Disease of the lung ☐ Chronic Ear Disease ☐ Epilepsy ☐ Other (explain on back)

List any medications participant is currently or recently taking: _____

List any allergies (medications, bee stings, etc): _____

Any vision or hearing defects or wearing of contact lenses: _____

I/We, the undersigned parent(s) legal guardian(s) of _____, do

Hereby authorize & consent, for a period of 12 months from the date noted below, to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision or any members of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State's Department of Public Health. 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 to render care with the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

Parent Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____