

Medical, Liability and Code of Conduct Form



Print Parent/Guardian Name: _____

Address: _____

Phone # in case of emergency: _____

Alternate contact if needed: _____

Phone #: _____

Child's Name	Age	Allergies	Insurance Plan & ID Numbers

Special Needs: (list by name of child)

Medical Release: I do hereby consent to initiation of any emergency medical or surgical treatment deemed necessary by a licensed physician during my child's participation in the Abbot Fletcher Sailing School. It is understood that this authorization is given in advance of any specific diagnosis or treatment and that I will be contacted as soon as possible following the occurrence. Further, I will be financially responsible for treatment deemed necessary.

Liability Release: As parent/guardian of the above-named minor(s), I acknowledge that I am fully aware of the risks associated with the sport of sailing and I am authorized to sign this agreement for the minor(s). I acknowledge and agree that I have read the foregoing release and that by signing this release on behalf of the minor(s), the minor(s) and I agree to be bound by its terms. I hereby agree to INDEMNIFY, DEFEND AND HOLD HARMLESS Orr's-Bailey Yacht Club and the Abbot Fletcher Sailing School, its members and boards of directors and instructors for any claim, suit, expense or loss which arises out of the above-named minor(s)' participation in the sailing program.

Code of Conduct: As parent/guardian of the above-named minor(s), I have discussed with the minor(s), and we have agreed to: attend all sessions and participate fully, dress appropriately, use proper language and manners, FOLLOW INSTRUCTIONS OR ASSIGNMENTS GIVEN BY INSTRUCTORS, treat boats, docks and facilities with respect, and be responsible for any damage, theft or misconduct in which the student(s) participates. I further understand that serious infraction of the above will be reported to the parent/guardian, and continued failure to adhere to the rules will cause the student to be terminated from the sailing session.

Signature of Parent/Guardian

Date