

Cedar Point Yacht Club High School Sailing

Year: _____ Spring Fall

Emergency Profile Sailor's Agreement Parent Waiver and Indemnity Agreement
Authorization for Emergency Medical Treatment

Emergency Profile

Name of Sailor: _____ School: _____ Grade: _____

Parent's Names: _____

Parent's Home Address: _____

Home Phone: _____ Parent's Cell Phone(s): _____

Student's email: _____ Parent's email: _____

Parent's Employer: _____ Business Phone: _____

Parent's Employer: _____ Business Phone: _____

Emergency Contact: _____ Phone: _____
(in case of emergency if parent(s) cannot be reached)

Insurance Co.: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Sailor's Agreement

I have read the rules and provisions contained in "Responsibilities of High School Participants, Coaches and Parents", and agree to abide by them.

X

Sailor's Signature

Date

Parent Waiver and Indemnity Agreement

By signing below, I: (a) attest that I have read the rules and provisions contained in "Responsibilities of High School Participants, Coaches and Parents", and agree to abide by them; (b) attest that the above Sailor is able to swim and is physically capable of participating in his/her High School Sailing Program; (c) agree to release and hold harmless Cedar Point Yacht Club ("CPYC"), its Officers, Governors, and representatives from any and all claims for personal injury to the above participant or other persons and for physical damage to the boats or other personal property; (d) understand and agree that I am responsible for damages or loss caused by my child to boats and equipment because of accident or carelessness; (e) permit photographs of my child to be used for promotional or advertising purposes.

Authorization for Emergency Medical Treatment

By signing below, I authorize a Coach, Parent of the Day, faculty, parent advisor, or employee of CPYC to authorize emergency treatment for the above Sailor in the event a parent or legal guardian cannot be reached at the telephone numbers stated in the Emergency Profile at the time of an emergency.

X

Parent Signature

Date