

Encinal Yacht Club Junior Sailing Program  
**Medical Form and Liability Waiver**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_ Boy/Girl \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Medical and Emergency Information**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information**

Medical Plan: \_\_\_\_\_ Plan # \_\_\_\_\_

Other Information: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ City \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Liability/Medical Release**

In the case of a medical emergency, I give my permission to provide medical treatment to my child and to provide transportation of my child to a facility for medical care.

For and in the consideration of acceptance by the Encinal Yacht Club of my child's participation in the Junior Sailing Program, I hereby accept all the risks and responsibilities of participating in the said Program and waive any and all claims I may have against the Encinal Yacht Club, its members, officers, directors, committees, agents and/or employees arising out of or in any way connected with such participation. I agree to abide by the Program rules and by the rule of the Encinal Yacht Club.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Total fee due upon registration. No refunds unless cancellation  
is made at least 10 days prior to start of class.

Fax, email or deliver form to Encinal Yacht Club

1251 Pacific Marina

Alameda, CA 94501

Fax: (510)865-8630