

**MEDICAL CONSENT and EMERGENCY CONTACT - 2011  
MUST BE FILLED IN COMPLETELY**

**One per family unit.**

**NAME OF PARTICIPANT #1 (PRINT)** \_\_\_\_\_

**NAME OF PARTICIPANT #2 (PRINT)** \_\_\_\_\_

**NAME OF PARTICIPANT #3 (PRINT)** \_\_\_\_\_

**NAME OF PARTICIPANT #4 (PRINT)** \_\_\_\_\_

**NAME OF PARENT OR GUARDIAN (PRINT)** \_\_\_\_\_

In the event of accident or injury or illness to myself, my spouse or any child of mine (specifically including my child and/or children named above) while in, on or about the premises of the North Lake Yacht Club and or the North Lake Sailing School (the "Yacht Club") or while participating in any activity sponsored by or under the auspices of the Yacht Club under circumstances where I am physically unable to consent or am not present:

- 1 I hereby voluntarily consent to the furnishing, to myself, my spouse or my child of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician, or physicians may deem necessary or advisable.
- 2 I authorize any officer, instructor or member of the Yacht Club to consent to such medical care, attention or treatment.
- 3 I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the Yacht Club and the United States Sailing Association and its officers and members thereof.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosed or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the state Education Law and/or the Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of 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 which the aforementioned physician in the exercise of his 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 or the above treatment will not be withheld if the undersigned cannot be reached.

**IN CASE OF EMERGENCY CALL:** Please list at least two and in the order of who to call first (include parents)

NAME	RELATIONSHIP	PHONE(1 <sup>ST</sup> to call)	PHONE (2 <sup>nd</sup> to call)

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**DATE**