For use in the

INTERSCOLASTIC LEAGUE OF HONOLULU
(ILH) SAILING 2017

School _____   Grade _____   Age _____

Student Name _____   E-mail _____

Address _____   Res Phone _____

City _____   State _____   Zip Code _____

Prior Sailing Experience _____

_____

_____

If student is a minor, please fill out the following information

Mother's Name _____   Cell _____

         E-mail _____

Father's Name _____   Cell _____

         E-mail _____

PARENT / GUARDIAN RELEASE AND INDEMNITY

I/We hereby authorize _____ to participate in the Waikiki Yacht Club / Hawaii Yacht Club (WYC/HYC) High School Sailing Program, races and/or excursions and in consideration of his/her participation in the program and use of the club facilities and boats. I/we hereby release and relieve and agree to indemnify and hold harmless the Waikiki Yacht Club and Hawaii Yacht Club, their officers, trustees, members, agents and employees with respect to property damage, personal injury, seath or consequential loss or damage arising out of or incident in the use of any boat or equipment. WYC/HYC owed or otherwise, in said sailing program or use of club property in connection herewith by my (our dependent) whether said injuries, death or other damages are suffered as a consequence of negligence on the part of the Clubs, their officers, trustees, members, agents, employees or otherwise.

EMERGENCY AND MEDICAL INFORMATION

In case of emergency, notify _____, relationship _____

Telephone – Home _____   Cell _____   Work _____

Health plan _____   Medical Facility _____

Physician _____   Phone _____

Other Emergency Contacts

Name _____   Relationship _____   Cell _____

Name _____   Relationship _____   Cell _____

Known Allergies or Medical Problems _____

_____

Do you have any history of or do you currently have any physical limitations that might prevent you from fully participating in this sailing class? NO _____   Yes _____
If yes, please explain _____

_____

List any medical factors that would be pertinent in emergency treatment (ie allergies, blood type, date of last tetanus shot). _____

PARENT / GUARDIAN EMERGENCY TREATMENT AUTHORIZATION

I, _____ (Parent / Guardian) authorize the Waikiki Yacht Club's staff to sanction emergency treatment for my dependent.

_____   _____
Parent Signature   Date