

# Medical History, Emergency Contact and Medical Care Authorization

## Oak Orchard Yacht Club Youth Sailing Camp

Although it is rare injuries and other health situations can occur which require medical attention. Please provide the following information so that in case of an emergency the proper medical care can be given.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Contact

Primary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 (\_\_\_\_) \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 (\_\_\_\_) \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_

Additional Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 (\_\_\_\_) \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_

### Family Physician

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Immunization Dates

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Mumps \_\_\_\_\_ Diphtheria \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

### Does your child presently have or have they ever had any of the following:

If you answer yes to any questions please provide information that may be helpful to medical personnel

Allergies Yes No \_\_\_\_\_

Convulsions Yes No \_\_\_\_\_

Diabetes Yes No \_\_\_\_\_

Heart Trouble Yes No \_\_\_\_\_

Fainting Spells Yes No \_\_\_\_\_

Impaired Hearing Yes No \_\_\_\_\_

Impaired Vision Yes No \_\_\_\_\_

Drug Allergies Yes No \_\_\_\_\_

A condition requiring regular medical attention or medication Yes No  
\_\_\_\_\_

Has your child been hospitalized during the last 3 years? Yes No  
\_\_\_\_\_

Has your child been examined or treated by a health care provider during the last 3 years for any medical problem other than regular checkups? Yes No  
\_\_\_\_\_

Does your child presently take any medication? Yes No

If yes, please provide name and dosage of each medication  
\_\_\_\_\_  
\_\_\_\_\_

*OOYC Youth Sailing program **does not** provide health and accident insurance for students.*

Your Health Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Certification, Authorization, Release, and Indemnity Agreement for Medical Care and/or Treatment**

As the undersigned, I certify that this medical information is complete and correct to the best my knowledge. I will inform Oak Orchard Yacht Club (OOYC) if any changes occur. I authorize OOYC, their officers, directors and members of the Youth Sailing program to obtain or attempt to obtain medical care for my child as shall reasonably appear to be necessary in the event of injury or illness that may arise during their participation in Youth Sailing. I acknowledge all reasonable efforts shall be made to contact persons listed as Emergency Contacts.

I hereby release the above described persons and entities from any and all claims, demands, actions or causes of action which I, my heirs, personal representatives or assigns may have arising out of obtaining or attempting to obtain such medical care. Further, I hereby promise, agree and covenant to totally and completed indemnify, defend and hold harmless the above described persons and entities from any and all claims, demands, actions or causes of action by any person or persons arising out of obtaining or attempting to obtain medical care and/or treatment, including but not limited to, direct actions, third-party actions, claims, cross-claims, demands or actions for contribution or indemnification.

**Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian's Print Name** \_\_\_\_\_ **Student** \_\_\_\_\_

# Waiver, Consent and Release Agreement

## Oak Orchard Yacht Club Youth Sailing Camp

*Please read this form carefully. It is a Waiver and Release of all claims and assumptions of risk for use of Oak Orchard Yacht Club (OOYC) property by participants in Youth Sailing classes and activities. Be aware that by signing this document and/or using OOYC property to participate in Youth Sailing classes and activities you will be expressly assuming all risk and legal liability, and waiving and releasing OOYC from all claims for injuries, damages, or loss you or your child(ren) might sustain as a result of participating in, connected with, and/or associated with this type of activity on or while using OOYC owned property.*

- I recognize and acknowledge that there may be certain risks involved in participating in this type of activity and I voluntarily agree to assume the full risk of any injury, damage or loss that I and/or my child(ren) may sustain as a result of participation in such activity.
- I agree that my child(ren) is/are responsible to wear a U.S. Coast Guard approved personal flotation device (PFD), life jacket, at all times while on docks, on boats or in the water.
- I agree that my child(ren) is/are responsible to follow all preparation and safety rules which are included with this waiver.
- I convey permission to publish photographs of me and/or my child(ren) participating in Youth Sailing activities for informational and promotional purposes to include but not limited to club newsletters, photographs for display, OOYC website, videos and media.
- I understand and agree that each participant in any Youth Sailing activity is responsible for following all safety rules and instructions as given by Youth Sailing directors, instructors and supervising volunteers. Repeated or flagrant failure to follow safety rules and instructions may lead to student being suspended or expelled from the program without refund. In the event this occurs the director of Youth Sailing will request a meeting with the student's parent or guardian to discuss appropriate action.

*I indemnify and hold harmless OOYC, its officials, officers, employees, members and volunteers from any and all claims associated with use of OOYC property and/or participation in the Youth Sailing programs.*

**I have read, understand and agree with the above important information**

\_\_\_\_\_  
Signature Adult Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name (Parent/Guardian)

\_\_\_\_\_  
Print Name of Student(s)

# ***SAFETY RULES FOR OOYC YOUTH SAILING PROGRAM***

## **PREPARATION**

1. Personal Floatation Device (PFD), Life Jacket, that fits properly; each participant is responsible to bring their own PFD.
2. Closed toed sneakers, boat shoes or water shoes are recommended. Open toe sandals like flip flops are not acceptable; plastic footwear like Crocs are discouraged- they are slippery when wet
3. Suggest sunscreen, lip balm and water bottle. No sharing is allowed due to Covid 19 protocols.
4. Towel and change of clothes are recommended but not required.

## **SAFETY FIRST**

1. PFDs must be worn at all times while on dock, in boats or in the water
2. Walk, do not run on docks
3. Be considerate of OOYC members on club grounds, on docks or on their boats
4. Wait for instructions before swimming whether at the dock or out on the lake
5. Lower sails before swimming off a boat
6. Follow all directions given by directors, instructors or supervising volunteers
7. Do not jump off the docks
8. Do not intentionally capsize boats unless completing a capsize drill
9. Do not swim with boats clumped together to prevent swimmer being caught between two boats
10. If a boat capsizes or someone falls into the water other sailboats steer clear unless it is obvious immediate help is needed; in most cases a safety boat will assist if needed
11. When sailing in the creek or in either approach channel out on the lake attempt to keep clear of power boats entering or leaving as a courtesy. We want to be respectful of other boaters especially the fishing charters who are on their work time. While on the lake you can alter course when safe to do so in order to let power boats pass cleanly. While in the channel you can move to the starboard (right) side to allow them to pass on your port (left) side
12. At the end of each day all boats must be bailed out, tied to docks and sails rolled head to foot then stored in sail shed
13. Covid-19 protocols must be followed by everyone participating in the Youth Sailing Program including visitors

**I have read and agree to follow all Youth Sailing Safety Rules**

**Print Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_