MEDICAL FORM

Only completely filled in forms will be accepted. Please attach a copy of your health insurance card

PARTICIPANT INFO

NAME: _____ SEX _____ (M or F)

ADDRESS: _____
Street/P.O. Box City State Zip

PHONE: _____ (home) _____ (emergency cell)

DATE OF BIRTH: _____

THE PARTICIPANT MUST ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

Please check those that apply: *(Provide necessary details below)*

CHRONIC ALIMENTS		ALLERGIES	
Asthma or other respiratory problems		Medication	
Diabetes or hypoglycemia		Latex	
Hemophilia, or other bleeding problems		Bee stings / Insect bites	
Circulatory or heart problems		If yes, do you carry an epipen?	
Epilepsy / Seizure		Foods	
Other		Others, if significant	

DATE OF LAST Tdap (Tetanus/Diphtheria/Acellular Pertussis) SHOT: _____

CURRENT MEDICATIONS AND DOSAGE, IF ANY: _____

Please provide other information about any symptoms that you have showed in the last 14 days such, fever, cough, sneeze, vomit, diarrhea, etc: _____

_____

_____

IN CASE OF EMERGENCY CALL

NAME	RELATIONSHIP	CELL NUMBER

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION (If any):

NAME	CELL NUMBER	DATE OF LAST EXAM

In the event of accident or injury or illness of myself while on or about the premises of Pensacola Yacht Club while participating in an event under the auspices of Pensacola Yacht Club where I am unable to consent:

1. I hereby voluntary consent to the furnishing to myself of such CPR or First Aid treatment as the PYC Certified Staff deem necessary or advisable.
2. I hereby voluntarily consent to the furnishing to myself of such medical care and treatment by any hospital or physician(s) as the hospital or physician(s) deem necessary or advisable.
3. I authorize any officer or member of the Host to consent to such medical care or treatment.
4. I agree to pay the reasonable cost of such medical care or treatment and to indemnify and hold free and harmless of all liability for such cost to Pensacola Yacht Club and its officers and members.

I hereby authorize any x-ray examination, anesthetic, medical or surgical diagnosis or procedure supervised by any member of the medical staff or of a dentist licensed under the State Education Law and/or Public Health Law of the State and of the staff of any hospital holding a current operating certificate issued by the State Department of Health. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required in order to provide authority to render care, which the aforementioned physician in his best judgment may deem advisable and shall remain effective until revoked in writing. Effort shall be made to contact me before rendering treatment to the patient, but any of the above treatment will not be withheld if I cannot be reached. No agent or organization involved assumes any financial responsibility for exercising this action.

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION.
ATTACH A COPY OF YOUR HEALTH INSURANCE CARD TO THIS FORM.
THANK YOU!

Participant´s Name	Participant's Sign.	Date

PARTICIPATION AGREEMENT

Sailing, like most sports involves an element of risk to injury. Participants will be sailing in water deeper than they can stand, a sudden wind gust could cause their boat to capsize, parts of the boat can cause injury, and exposure to the elements, if not properly prepared can cause problems. The water environment contains many sharp objects such as oyster shells and other debris.

In an effort to make sailing classes as safe as possible, participant will be instructed in rules which will reduce the risks. It is vital that the participant follow the directions of the instructors and the Junior Sailing Program rules.

We have read the above information concerning the risk involved in sailing and the 2020 Summer Sailing Camp – Handbook. We understand and assume the risk involved in participating in the Summer Sailing Camp.

We will abide by the rules of the Pensacola Yacht Club and the Junior Sailing Program and those rules established for the program.

We further agree to hold the Pensacola Yacht Club, instructional program or host locations, US Sailing, and their representatives harmless (including all costs of defense and attorneys' fees) from any claim we might otherwise have for personal injuries, death, and/or property damage even when any such injury, death, or property damage results in whole or in part from any form or degree of negligence on the part of the parties being held harmless and any of their officers, members, instructors, employees, and volunteers or subcontractors and also when such injury, death, or property damage is caused or contributed to by a defect in the premises, vessel, appurtenance, and/or equipment of any kind, even a defect that pre-exists the signing of this agreement.

Participant´s Name	Participant's Sign.	Date

STATEMENT OF COOPERATION AND RELEASE

The Sailing Camp applicant agrees to abide by and adhere to the rules of the Pensacola Yacht Club and the instructional program and to follow the directions of the instructors and representatives. I accept that failure to follow these rules and directions may result in expulsion from the sailing program without any refund of fees or monies paid for the program.

I also accept that the sport of sailing and the conduct of this course entail, and are subject to, certain risks and I assume all risks on land and on the water of participation in this program. I further agree to hold the Pensacola Yacht Club, instructional program or host locations, US Sailing, and their representatives harmless from any claim we might otherwise have for personal injuries, death, and/or property damage even when any such injury, death, or property damage results in whole or in part from any form or degree of negligence on the part of the parties being held harmless and any of their officers, members, instructors, employees, and volunteers or subcontractors and also when such injury, death, or property damage is caused or contributed to by a defect in the premises, vessel, appurtenance, and/or equipment of any kind, even a defect that pre-exists the signing of this agreement.

Participant´s Name	Participant's Sign.	Date

PHOTOGRAPH, VIDEO AND MEDIA RELEASE

I hereby grant permission to the rights of my image, likeness and sound of my voice recorded on audio or video without payment or any other consideration to the Pensacola Yacht Club and PYC Junior Sailing. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive the right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

By signing this release, I understand this permission signifies photographic or video recordings of me may be electronically displayed via the Internet or in a public setting.

There is no time limit for the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings including digital images collected as part of the Pensacola Yacht Club and PYC Junior Sailing promotional efforts.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against the Pensacola Yacht Club and PYC Junior Sailing.

Participant´s Name	Participant's Sign.	Date

COVID-19 SELF-ASSESSMENT FORM

Please self-screen for these questions, sign the form and deliver at the beginning of the session each day attending camp. If the answer to any of these questions is YES you will not be admitted to camp for the rest of the session.

YES	NO	QUESTION
O	O	Do you have any signs of respiratory infection – cough, shortness of breath?
O	O	Do you have any signs of illness- fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell?
O	O	Have you been tested or tested positive for COVID-19?
O	O	Have you had any contact with any person(s) known to be infected with COVID-19 within the past 14 days?

Date: _____/_____/ 2020 *(mm/dd/2020)*

Participant's Name

Signature