



2017 CPYC Regatta to Benefit Make-A-Wish
August 2nd-3rd, 2017
Medical Form

Skipper's Name: _____ **DOB:** _____
Mother's Name: _____ **Phone:** _____
Father's Name: _____ **Phone:** _____
Alternative Emergency Contact: _____ **Phone:** _____
Physician: _____ **Phone:** _____
Allergies/Health Problems: _____
Health Insurance Carrier: _____ **Insurance #:** _____

I understand that a responsible attempt will be made to contact me should an emergency arise, but in the event that the CPYC is unable to reach any of the names above, I give my permission to transport my child to the nearest source of emergency care, in order that necessary medical treatment not be delayed.

Parent or Guardian (print): _____
Parent or Guardian (signature): _____ **Date:** _____

Crew's Name: _____ **DOB:** _____
Mother's Name: _____ **Phone:** _____
Father's Name: _____ **Phone:** _____
Alternative Emergency Contact: _____ **Phone:** _____
Physician: _____ **Phone:** _____
Allergies/ Health Problems: _____
Health Insurance Carrier: _____ **Insurance #:** _____

I understand that a responsible attempt will be made to contact me should an emergency arise, but in the event that the CPYC is unable to reach any of the names above, I give my permission to transport my child to the nearest source of emergency care, in order that necessary medical treatment not be delayed.

Parent or Guardian (print): _____
Parent or Guardian (signature): _____ **Date:** _____