



CBYC Sailing School Medical Information Form Youth

This information is being collected for sailing school purposes only it will not be divulged to any third party except to a medical professional in the event of an emergency.

Student Name: _____

Date of Birth*: _____ - _____ - _____ (mm-dd-yy)

Ontario Health Card Number: _____

In case of an emergency, contact: _____

Name: _____ Daytime Phone No: ____ - ____ - ____

Does the student suffer from any of the following:

Seizure or convulsions blackout or fainting spells

Heart problems asthma or lung problems

Food, insect allergies Other medical issues

Is the student allergic to any medication Yes No

Is the student taking any medication? Yes No

If you have answered yes to any of the above please provide details: _____

_____(continue overleaf)

Are all shots up to Date: _____ Family Doctor: _____

Any activity Restrictions: _____

I _____ (insert name) authorize staff of the Collins Bay Yacht Club Sailing School to take my child for medical attention if my child become(s) sick or injured while at the sailing school and unable to look after himself/herself/myself.

Like all water activities sailing involves a level of risk, including but not limited to serious injuries from being struck by a part of the boat or drowning. I agree to allow my child to participate in this school, knowing there are physical risks and hazards inherent in water and shore based activities organized by Collins Bay Yacht Club Sailing School. I voluntarily agree to allow my child to participate in these activities. By voluntarily allowing participation, I agree that I am exposing my child to inherent risks and hazards and I agree to accept all risks and hazards and be responsible for any injury or other loss which may occur during the participation of my child in all activities.

Signature _____ Date _____

(Signature required of parent or legal guardian for youth student)

Mail registration form and a cheque payable to: **CBYC Sailing School**

Collins Bay Yacht Club Sailing School

2086 Balantrae Circle

Kingston, ON K7M 9H7

CBYC Sailing School Refund Policy: Refunds will be made only in exceptional circumstances and at the discretion of the Sailing School Director.