



CBYC Sailing School Medical Information Form Youth

This information is 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: _____
Ontario health card: _____	Family doctor: _____
Emergency contact: _____	Phone number (daytime): ____ - ____ - ____

Does the student suffer from any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Seizures or convulsions | <input type="checkbox"/> Blackouts or fainting spells |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Asthma or respiratory problems |
| <input type="checkbox"/> Food, insect allergies | <input type="checkbox"/> Other medical issues |

Is the student allergic to any medication? Yes No

Is the student taking any medication? Yes No

Provide details, if applicable: _____

Are the student's vaccinations up to date? Yes No

Indicate any activity restrictions: _____

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

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.

Parent/guardian signature: _____ Date: _____

Mail your registration, medical information and photo consent forms and cheque to:

Collins Bay Yacht Club Sailing School
P.O. Box 20060
775 Strand Blvd.
Kingston ON K7P 2S7



Photo Consent Form Youth

I **hereby give permission** to Collins Bay Yacht Club Sailing School to use, publish or reproduce photograph(s) of me and/or my child for promotional or other purposes via the club/marina website or any other medium. In no case will I or my child be identified by name without my explicit permission.

Student name: _____ Age: _____

Parent/guardian name: _____

Parent/guardian signature: _____ Date: _____

No Photo Consent Form Youth

I **do not give permission** to Collins Bay Yacht Club Sailing School to use, publish or reproduce photograph(s) of me and/or my child for promotional or other purposes via the club/marina website or any other medium.

Student name: _____ Age: _____

Parent/guardian name: _____

Parent/guardian signature: _____ Date: _____