



CBYC Sailing School Medical Information Form and Waiver Adult

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 you 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 your vaccinations up to date? Yes No

Indicate any activity restrictions: _____

Waiver of liability

I, _____ (print full name) (“the participant”) hereby agree to indemnify and hold the “Collins Bay Yacht Club Sailing School” and “Collins Bay Yacht Club” and “Collins Bay Marina” harmless from and against any and all claims for personal injury to the participant or any other persons, or damage to any persons property, caused in connection with the participants use, operation or possession of any watercraft or participation in any activities within the Sailing School program.

The participant hereby waives any right to commence any action or proceeding against the “Collins Bay Yacht Club Sailing School” or “Collins Bay Yacht Club” or “Collins Bay Marina”, their agents, employees, or representatives, for any action, cause of action or claim in any way arising in any way including negligence on behalf of the “Collins Bay Yacht Club Sailing School” or “Collins Bay Yacht Club” or “Collins Bay Marina”, from the participant’s use, operation or possession of any watercraft or participation in the Sailing School activities.

Further I authorize staff of the Collins Bay Yacht Club Sailing School to take me for medical attention if I become sick or injured while at the sailing school and unable to look after myself.

Signature: _____ Date: _____

Witness name: _____ Signature: _____

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