



**CHELSEA YACHT CLUB  
Youth Sailing Program  
Participant & Medical Information Sheet  
Club Phone - (845) 831-9802**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_ email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Phone Number: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Father's Phone Number: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Parent's address if Different: \_\_\_\_\_

(Please specify name of parent)

**SAILING INFORMATION**

(Check all that apply:)

Boats Previously sailed:	Membership #'s where applicable:
JY Club Trainer _____	_____ JSA: _____
Optimist: _____	_____ Optimist Class Member _____
Laser: _____	_____ JY 15 Class Member _____
Club 420: _____	_____ Laser Class Member _____
JY 15: _____	_____ 420 Class Member _____
Other: _____	

Will the Junior be using a privately owned boat? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" complete: Boat Brand/Size \_\_\_\_\_ Sail No. \_\_\_\_\_

**MEDICAL INFORMATION**

**EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED:**

_____ ( ) _____ ( ) _____
Name Home Phone Work Phone Relationship to sailor

_____ ( ) _____ ( ) _____
Name Home Phone Work Phone Relationship to sailor

Physician: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_

Chronic illness, medical conditions, allergies or medication being taken (please list or write none)  
\_\_\_\_\_ latest tetanus shot \_\_\_/\_\_\_/\_\_\_

**MEDICAL AUTHORIZATION**

I hereby authorize an instructor from my Club or Program, or an adult who bears this document, to authorize emergency treatment for the Junior Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of emergency.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_