



FLORIDA REGISTRATON# CH20470  
A COPY OF THE OFFICIAL REGISTRATION AND  
FINANCIAL INFORMATION MAY BE OBTAINED  
FROM THE DIVISION OF CONSUMER SERVICES  
BY CALLING TOLL-FREE (800-435-7352) WITHIN  
THE STATE. REGISTRATION DOES NOT IMPLY  
ENDORSEMENT, APPROVAL, OR RECOMMEND-  
ATION BY THE STATE.

*We Teach Kids Sailing!*

*And a whole lot more!*

**2017 PROGRAM**  
**MEDICAL CONSENT & EMERGENCY INFORMATION**

Name of the Sailor. \_\_\_\_\_

Name of the parent or legal guardian of the Sailor. \_\_\_\_\_

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named above as "Student") or in the event of illness of myself, my spouse or any child of mine while in or about the premises of TSS Youth Sailing, Inc., or while participating in any activity sponsored by or under the auspices of TSS Youth Sailing, Inc., under any circumstances while I am physically unable to consent or am not present,

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any physician, dentist or other medical professional licensed under the provisions of relevant law. It is understood that this authorization is given in absence of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned medical professional in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

**In case of emergency call:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE: CELL \_\_\_\_\_ OFFICE \_\_\_\_\_ HOME \_\_\_\_\_

**Physician who conducted Sailor's most recent physical exam:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ DATE OF LAST EXAM \_\_\_\_\_

HEALTH INSURANCE CARRIER: \_\_\_\_\_

INSURANCE I.D. NUMBERS \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

If your child is less than 7-years old or requires medication or has a medical or other condition that may affect behavior or performance, please disclose it. A sailor's age, ability and/or special need will not necessarily deter a student's entry or continuing in the program. We can safely adjust for some sailors, but not all. Sailors attending this class must be attentive and cooperative and must follow directions. Sailors attend this class at the discretion of the instructor, coach, adult trader and or the TSS Youth Sailing Board. For the safety and fun of all, we will expel a sailor, without a tuition refund, for inappropriate language, destruction of property, inattentive, uncooperative, disruptive behavior, misbehavior, battery or fighting.

Please continue on page 2

NAME of sailor \_\_\_\_\_ SEX (M) \_\_\_\_\_ (F) Date of Birth \_\_\_\_\_

AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EMAIL ADDRESS OF PARENT OR LEGAL GUARDIAN FOR EMERGENCY CONTACT:

\_\_\_\_\_

TEXT ADDRESS OF PARENT OR LEGAL GUARDIAN FOR EMERGENCY CONTACT:

\_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AS POSSIBLE.

CHECK ALL THAT APPLY & INSERT DETAILS BELOW IF APPROPRIATE.

ASTHMA OR OTHER RESPIRATORY PROBLEMS

ALLERGY TO BEE STINGS / INSECT BITES

CIRCULATORY OR HEART PROBLEMS

CHRONIC ALLERGIES

DIABETES OR HYPOGLYCEMIA

EPILEPSY

FOOD ALLERGIES

HEMOPHILIA OR OTHER BLEEDING PROBLEMS

OTHER IF SIGNIFICANT

**DETAILS:**

**MEDICATION:**