



FLORIDA REGISTRATION# 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!*

## **2018 PROGRAM – YOUTH SAILOR**

### **MEDICAL CONSENT & EMERGENCY INFORMATION**

**My Name** \_\_\_\_\_

In the event of accident or injury to myself, my spouse or any child of mine 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 prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the contact cannot be reached.

#### **In case of emergency call:**

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

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

#### **Physician who conducted my most recent physical exam:**

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

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

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

**MY SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Sailors attending this class must be attentive and cooperative and must follow directions. Sailors attend this class at the discretion of the lead instructor and 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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

NAME AND EMAIL ADDRESS FOR EMERGENCY CONTACT:

\_\_\_\_\_

NAME AND TEXT ADDRESS 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: