



GREEN FLEET OPTI  
INVITATIONAL  
JULY 6<sup>th</sup>, 2010

Registration

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Yacht Club: \_\_\_\_\_

Fleet: \_\_\_\_\_ Sail Number: \_\_\_\_\_

Emergency Contact:

Person 1: \_\_\_\_\_  
(Name) (Phone Number)

Person 2: \_\_\_\_\_  
(Name) (Phone Number)

Medical Info:

Insurance Co.: \_\_\_\_\_ Policy # \_\_\_\_\_  
Please List any Allergy or Medication Concerns Below:

Authorization to Treat:

In the event my child, \_\_\_\_\_, is injured or ill while participating in the Wequaquet Lake Yacht Club Opti Invitational, I hereby give my permission for the administration of all reasonable health care treatment. I expressly authorize any coach, officer, member or volunteer from WLYC to consent to such health care treatment. Such treatment may include but is not limited to x-ray examination, dental, anesthesia, medical or surgical diagnosis or treatment or hospital care. It is given to provide the authority and power to the health care professionals to exercise their best professional judgment. It is understood that efforts will be made to contact me prior to providing such treatment but I also understand that the treatment may occur if I cannot be contacted.

I also agree to pay reasonable cost of any such health care attention or treatment and to reimburse the Wequaquet Lake, or any person who incurs expenses for this health care treatment.

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Date)