



**GREEN FLEET OPTI
INVITATIONAL
JULY 17, 2008**

REGISTRATION FORM

SAILOR'S NAME: _____ **D.O.B** _____ **SAIL#** _____

YACHT CLUB: _____

CONTACT INFO:

GUARDIAN'S NAME: _____ **PHONE#** _____

EMAIL ADDRESS (OPTIONAL) _____

MEDICAL INFORMATION:

PHYSICIAN: _____ **PHONE#** _____

INSURANCE COMPANY: _____ **INS. #** _____

**PLEASE LIST ALL OR ANY ALLERGIES OR MEDICAL ISSUES
BELOW:**

PERMISSION TO TREAT:

In case of an accident, in which neither my spouse nor I can be contacted in the event that our son/daughter is injured and needing direct medical attention, we hereby give permission for any certifiable medical personnel to treat the condition necessary.

Parent Signature

Printed Name

Date