



AUTHORIZATION FOR TREATMENT

In the event my child, _____, is injured or ill while participating in the Wequaquet Lake Sailing Program, 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 if child is under 18 at time of signing.) (Date)

(Parent signature) (Date)

BEHAVIOR CONTRACT

I (We), the parents/guardian of _____, have read and understand the house rules of The Wequaquet Lake Yacht Club. By signing this document, I (We) understand that, in the event that my/our child breaks any house rule that would result in their removal from the premises, we will respond immediately and pick up our child.

(Parent Signature) (Date)