

# WEQUAQUET LAKE YACHT CLUB

## MEDICAL – REGISTRATION FORM

IF YOU ARE REGISTERING MORE THAN ONE STUDENT, PLEASE COMPLETE A SEPARATE FORM FOR EACH STUDENT. BOTH PAGES (registration form and medical release) MUST BE COMPLETED.

### 1. REGISTRATION INFORMATION

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age on 9/1/09 \_\_\_\_\_ Gender: \_\_\_\_\_

Summer Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

Winter Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address (will not be published or shared) for notifying you of upcoming sailing events.

### 2. EMERGENCY INFORMATION

If you cannot be reached at the phone numbers above, please indicate a relative or friend that can authorize and consent to necessary emergency medical treatment:

	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1.)	_____		
2.)	_____		

### 3. MEDICAL INFORMATION

Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance # \_\_\_\_\_

Please check any that apply and provide details below for any condition that we should be aware of:

Eyeglasses     Contact Lenses     Hearing aid     Asthma/Allergies     Epilepsy

Circulatory/heart problems     Diabetes/hypoglycemia     Hemophilia/Bleeding condition

Attention Deficit Disorder     Other conditions: \_\_\_\_\_

Please list any medications the student is currently taking: \_\_\_\_\_

