

YOUTH INFORMATION:

Student Name: _____ **Date of Birth:** _____

Health and Medications:

Allergies: (check boxes that apply) bees insect bites pollen foods epipen other

If so what type of reaction? _____

Please provide a description of any current physical, mental, or psychological conditions or factors requiring medication, treatment, special restrictions or considerations while in the sailing program.

Name of Parent/Guardian (please print) _____

Address _____

Phone _____ E-mail _____

Local Emergency contact number _____

Signature of Parent/Guardian _____ **Date** _____

NOTE: A Youth Education Programs Release and Waiver of Liability and Indemnity Agreement must also be completed.