

**IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE:**

I am fully aware of the risks that may be involved, and I consent to have my child participate in the Crystal Sailing Club Sailing School at the Crystal Sailing Club, 1120 North Shore Drive, Crystal, MI. Insurance coverage is indicated below.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature Date

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR**

I, the undersigned parent or guardian of \_\_\_\_\_ give permission to authorized Crystal Sailing Club Sailing School personnel to provide first-aid treatment while he/she is at Crystal Sailing Club.

In the event I cannot be reached in an emergency I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby consent to any emergency, X-Ray, medical or surgical treatment or hospital care which is deemed appropriate by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnoses, treatments or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable: and neither said agents or organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provisions of the Civil Code for the County of Montcalm in the State of Michigan.

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons to contact in emergency:

1. \_\_\_\_\_ Phone(s) \_\_\_\_\_

2. \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Existing medical or learning problems: \_\_\_\_\_

Known Allergies (e.g. bee stings) \_\_\_\_\_

Health Insurance Policy Holder: \_\_\_\_\_ Plan & Group Number \_\_\_\_\_

This information shall remain effective until revoked in writing or the completion of the Sailing School.

**Signature (of parent or legal guardian)** \_\_\_\_\_

**DATE**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Phones (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Father's Phones (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_