

Indianapolis Sailing Club's 2008 Junior Regatta
Medical Release to Be Completed by Parent

Please Print

Participant's Name: _____ Age: ____ Birth Date: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Doctor: _____ Phone: (____) _____

Are you currently taking any medications? If so, please specify type and purpose:

Do you have any allergies that require medication? If so, please specify:

Do you have any physical disabilities that might affect your sailing? If so, please specify:

If your doctor is not a local physician, it may not be in the best interest of your child to be taken to your personal physician. It is, therefore, understood by the undersigned that the above mentioned participant may be taken to a local doctor or hospital in the case of an emergency.

Signature of Parent or Guardian

Date