

**BOOTHBAY HARBOR YACHT CLUB**  
**P.O. Box 497, West Boothbay Harbor, Maine 04575**  
**207-633-5750**

**Junior Program Medical Form**

**Name of participant:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood type: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Does your child have any allergies to any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Does your child have any other allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Asthma \_\_\_\_\_ Bee stings \_\_\_\_\_ Hay fever \_\_\_\_\_

Foods \_\_\_\_\_ Insect bites \_\_\_\_\_ Other \_\_\_\_\_

Please list any medications your child is currently taking:

\_\_\_\_\_

Does your child have any **medical history** which would restrict his/her participation in a Junior Sailing program or a Junior Tennis program? Including but not limited to the following:

Circulatory, respiratory or heart problems \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_

Chronic ear infection \_\_\_\_\_ Vision/hearing problems \_\_\_\_\_ Other: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Signature

Printed name

Relationship

Mailing address: \_\_\_\_\_

**EMERGENCY NAME AND NUMBER** (if parent/guardian above cannot be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Insurance Information**

Carrier: \_\_\_\_\_ Address of carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Name: \_\_\_\_\_

**I hereby waive any liability on the part of the Boothbay Harbor Yacht Club or its officers and members in connection with participation in its Junior Activities Program**

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN EMERGENCY TREATMENT AUTHORIZATION:**

I, \_\_\_\_\_, (Parent/Guardian) authorize the staff of the Boothbay Harbor Yacht Club to obtain emergency medical treatment for \_\_\_\_\_ if in their opinion it is needed and none of the above named can be contacted at the time of the emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_