



Treasure Island Sailing Center

2008 Youth Medical & Liability Release Form

Entry Form:

Entrants Name _____

Birthday (Month, Day, Year) _____ Age during camp: _____

Address _____

City _____ State _____ Zip _____

Guardians's Full Name: _____

Guardians Email: _____

Phone _____ Fax _____

Check here ONLY if you do NOT want your child photographed, or included in any future TISC materials

Check here ONLY if you do NOT want to be included in future TISC mailings

Medical/Emergency Information

Should the participant be in need of medical treatment, do you give permission for this to be done in the event you can not be reached promptly?

_____ YES _____ NO

GUARDIANS SIGNATURE _____

In case of an emergency, please notify:

Name _____

Home Phone # _____ DayPhone # _____

Secondary Contact _____

Home Phone # _____ Day Phone # _____

Doctor Name: _____ Phone# _____

Medical Plan Name: _____ Medical # _____

Last Tetanus Shot _____

Allergies (food or medication), or special instructions: _____

Accommodations or assistive devices needed: _____

Does the participant have a personal attendant? YES NO

Liability Release:

For and in consideration of the acceptance by the Treasure Island Sailing Center Youth Sailing Program of the above child's participation in this Sailing Program, I hereby accept all of the risks and responsibilities of participating in said program and waive any and all claims I may have against the TISC Youth Sailing Program, the Treasure Island Sailing Center, and the Treasure Island Sailing Center Foundation, its members, officers, directors, committees, agents and/or employees arising out of or in any way connected with such participation. The above named participant agrees to abide by the rules of the Sailing Program and the rules of the TI Sailing Center.

Signature _____ Date: _____

Printed Name: _____ Relationship: _____