



MEDICAL INFORMATION & RELEASE FORM

BRING COMPLETED FORM TO YOUR FIRST LESSON

Putting the Community in Boating Since 2003

STUDENT NAME (complete separate form for each student) _____ Date of Birth _____

PBCB Member Name (if student is part of a family membership): _____

Local Address: _____

Member Email Address: _____ Cell #: _____ Local Home #: _____

Emergency Contact Name: _____ Phone #: _____

Doctor's Name(s): _____ Phone #: _____

Health Insurance Carrier: _____ Policy #: _____

List any Medical Conditions instructors should be aware of (e.g. food/drug/bee sting allergies, medication, etc.):

PARENTAL CONSENT, LIABILITY RELEASE and PERMISSION TO TREAT FORM

I/We, the undersigned applicant and/or parent(s) or guardian(s) of the minor applicants listed on this form, do hereby consent to my child's participation in the boating programs of Pleasant Bay Community Boating.

I/We, do hereby, for ourselves, our heirs, spouses, family members, personal representatives and assigns, agree to indemnify and hold harmless Pleasant Bay Community Boating, its officers, board members, employees, members, volunteers, and any individuals and organizations assisting or participating in its programs, against any and all suits, actions, claims, costs or demands, whether arising from sole or concurrent negligence or otherwise including those, resulting from death, personal injury, and property damage, to which Pleasant Bay Community Boating, its officers, board members, employees, members, volunteers, and any individuals and organizations assisting or participating in its programs may be subject by reason of the students listed on this form participating in the programs of Pleasant Bay Community Boating and/or their presence on board any of its boats, floats, facilities, or any other places in connection with Pleasant Bay Community Boating.

I/We understand that sailing and rowing are hazardous sports. I/We also understand that to minimize the hazard as much as possible the student(s), if permitted to participate in the instructional program, will be subject to the rules of Pleasant Bay Community Boating and the control of the instructional staff – both employees and volunteers.

I/We hereby authorize any of the members, officers, board members, employees, or volunteers of Pleasant Bay Community Boating to give permission to any physician, hospital, or other medical practitioner or facility for any medical, surgical, dental, or other treatment that may be necessary or desirable for the students' well-being in the event of illness or bodily injury. If major emergency, surgical treatment is immediately required, I/we request that reasonable efforts be made to reach me for consultation, but understand that such consultation is not a prerequisite for such treatment.

PHOTOGRAPHIC RELEASE

By checking this box, I/we, the undersigned parent/guardian of the sailor named above, hereby acknowledge that my/our child may be photographed while participating in Pleasant Bay Community Boating (PBCB) activities. I/We hereby unconditionally authorize PBCB at its sole discretion to use any such photographs in fundraising, advertising, brochures, website promotion, promotional flyers and any other public relations and advertising medium. I/We have read and do understand the terms of this agreement.

Signed: _____ Date _____

Applicant(s) and/or Parent(s) or Guardian(s) of minor applicants

_____ Date _____

Applicant(s) and/or Parent(s) or Guardian(s) of minor applicants

Pleasant Bay Community Boating
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Pleasant Bay Community Boating is a 501(c)(3) non-profit organization.