



Release, Pickup and Medical Information Form

Please complete the following “Parent/Guardian”, “Pick Up” and “Medical” sections below to (1) provide liability release, (2) state who will be responsible for picking up your sailor at 3:00 PM, and (3) note any medical concerns or medication the instructor should be made aware of. NOTE that sailors will only be released to the “pick up” persons listed.

1. Parent/Guardian Acknowledgement:

I have read and understand the “Requirements for the Sailing Program” document and have discussed it with my child. I am aware that sailing on the water activities associated with a sailing program such as this may have inherent risks for the participant. **I agree to accept these risks and hold the Hamburg Cove Yacht Club and its employees and members harmless from claim or injury that may arise as a result of my child’s participation in this program. In accordance with the above, I can assure those responsible for the program that my child is able to “tread water” for 3 minutes and swim 50 yards unassisted by floatation devices as a minimum requirement.**

Print Parent of Legal Guardians name: _____

Signature of Parent/Legal Guardian: _____

2. Pick Up Information:

Name of Sailor: _____

Pick up person: _____ Phone Number _____

Pick up person: _____ Phone Number _____

3. Medical Information:

Concerns: _____

Medications: _____

Medical Contact Person: _____

Medical Contact Person Phone Number: _____

Please mail this form with your application OR BRING NO LATER THAN 1st DAY OF CLASS. Your sailor cannot participate unless we have this completed and signed form.

Please send to:

Patrick Pabouet, 429 Jones Hollow Rd Marlborough, CT 06447 (Tel:860-781-7106)

Email: Argus06108@aol.com