

# LUDINGTON YOUTH SAILING SCHOOL

## Participation Form

<b>SAILOR INFORMATION</b>	
Student's First Name/Last Name:	
Student's Nickname:	
Birthday (MM/DD/YYYY):	Age:
Home Phone:	Cell Phone:
School:	
<b>PARENT INFORMATION</b>	
Parent's Name:	
Address:	
City, State, Zip:	
Daytime Phone:	Evening Phone:
Email:	
<b>EMERGENCY INFORMATION</b>	
#1 Emergency Contact Name:	
#1 Emergency Contact Phone Number During Class:	
<b>MEDICAL INFORMATION</b>	
Family Physician:	
Physician Phone:	
Health Insurer:	Policy #:
Previous Concussion History:	
Date of Last Tetanus Immunization:	
Known Allergies/Significant Medical History:	

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION

In the event of injury requiring medical attention, LYSS Instructors will first attempt to reach the parents or guardians listed above. Then, if unsuccessful, the named Emergency Contact. It is recommended that the following portion of this form be signed and notarized or witnessed to allow treatment authorization by named Emergency Contact, or, in the event that no one can be reached, that **Spectrum Health Ludington Hospital** Emergency Department be given authority. By law, hospital emergency personnel can do nothing for your child in the event he or she becomes ill or injured, except in life or death situations, without parental authorization.

## EMERGENCY ROOM TREATMENT PERMIT / LIMITED POWER OF ATTORNEY

The undersigned does hereby grant to the individual listed above as Emergency Contact, or in the event that named individual or parent is unavailable, I hereby

\_\_\_\_\_ grant the following individuals \_\_\_\_\_ do not grant (please indicate by initials)

\_\_\_\_\_ **Spectrum Health Ludington Hospital** Emergency Room Physician

\_\_\_\_\_ **Spectrum Health Ludington Hospital** Emergency Room Nurse

the limited Power of Attorney to act for me and to give the required consents and authorizations for the delivery of medical care, diagnoses, and treatment, including surgical intervention, if necessary, in behalf of my minor child listed above, while he or she is in attendance of Ludington Youth Sailing School Programs from June 2020 to August 2020, and to do all other necessary things as I might or could do if personally present. This limited Power of Attorney is given pursuant to the provisions of PA 1978, 642, Sec 40 of the Probate Code.

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Participant/Parent Liability Waiver and Acknowledgment of Risk

Ludington Youth Sailing School and any other associated groups, their officers, members or associates, appointed or volunteer, do not accept any liability for loss of life or property, personal injury or damage caused or rising out of any activity engaged in during the Youth / Adult Sailing Program for any reason whatsoever. By participating in this sailing program, I as parent or legal guardian of the above-named sailor am knowledgeable of the inherent risk in the sport of sailing. I grant my child permission to engage in these activities with full knowledge that there is an element of danger involved. I also agree to assume the risks for myself and my child and agree to hold Ludington Youth Sailing School and its officers, employees and volunteers harmless and free of any liability for damage or injury my child may incur arising from these activities.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

