

# Buzzards Bay Regatta 2011

## MEDICAL AND EMERGENCY INFORMATION FORM

NAME: \_\_\_\_\_ SEX: \_\_\_\_ (M) \_\_\_\_ (F)

ADDRESS: \_\_\_\_\_  
*Street/P.O. Box*

\_\_\_\_\_

*City State Zip*

TELEPHONE: Home: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_ CLUB \_\_\_\_\_

AFFILIATION: \_\_\_\_\_ 420 Skipper/Crew Name \_\_\_\_\_ FLEET: \_\_\_\_\_

SAIL #: (if known) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Please check those that apply: (Provide necessary details below)

<b>CHRONIC AILMENTS:</b>		<b>ALLERGIES:</b>	
ASTHMA, OR OTHER RESPIRATORY PROBLEMS		MEDICATION	
DIABETES OR HYPOGLYCEMIA		BEE STINGS/INSECT BITES	
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS		FOODS	
CIRCULATORY OR HEART PROBLEMS			
EPILEPSY			
OTHER CURRENT MEDICAL INFO:		OTHERS, IF SIGNIFICANT:	

DETAILS: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_ BLOOD TYPE: (if known) \_\_\_\_\_

CURRENT MEDICATIONS, IF ANY: \_\_\_\_\_

### IN CASE OF EMERGENCY CALL:

NAME	RELATIONSHIP	PHONE NUMBER/CELL NUMBER

### PHYSICIAN WHO CONDUCTED MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

# MEDICAL/BOAT COMPLIANCE RELEASE SIGNATURE FORM

Only **COMPLETELY FILLED-IN** forms with parental/guardian signatures will be accepted. Doublehanded skippers and crews must **EACH** complete and sign separate copies of this form, which may be faxed to 508-858-5302 or uploaded to the registration online.

**NAME OF PARTICIPANT (printed):** \_\_\_\_\_ Fleet: \_\_\_\_\_ Sail #: \_\_\_\_\_

**NAME OF PARENT OR GUARDIAN (printed):** \_\_\_\_\_

In the event of any accident, injury or illness to me, my spouse or any child of mine (specifically including my child named above as "Participant") while on or about the premises /venue of the Buzzards Bay Regatta, including and not limited to the New Bedford Yacht Club, while participating in an event under the auspices of the Buzzards Bay Regatta when I am unable to consent or am not present:

1 I hereby voluntarily consent to the furnishing to me, my spouse or any child of mine of such medical care and treatment by any hospital or physician(s) as the hospital or physician(s) deem necessary or advisable.

2 I hereby voluntarily authorize any officer, agent, director or volunteer of the Buzzards Bay Regatta or New Bedford Yacht Club to consent to such medical care or treatment.

3 I agree to pay the reasonable cost of such medical care or treatment and to indemnify and hold free and harmless the Buzzards Bay Regatta and New Bedford Yacht Club and its officers, agents, directors, members, volunteers and employees of any liability for such costs or the consequences of such treatment.

I hereby authorize any x-ray examination, anesthetic, medical or surgical diagnosis or procedure supervised by any member of the medical staff or of a dentist licensed under the State Education Law and/or Public Health Law of the State and of the staff of any hospital holding a current operating certificate issued by the State Department of Health. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required in order to provide authority to render care, which the aforementioned physician in his best judgment may deem advisable. Effort shall be made to contact me before rendering treatment to the patient, but any of the above treatment will not be withheld if I cannot be reached.

**Facsimile signatures shall be deemed originals for all purposes and have like validity and legal consequence.**

<b>PRINTED NAME OF PARENT/GUARDIAN</b>	
<b>SIGNATURE OF PARENT/GUARDIAN</b>	

## SAILOR'S WAIVER/BOAT COMPLIANCE

Sailor's waiver of responsibility: I hereby absolve the Buzzards Bay Regatta, its officers, directors, members, employees, volunteers and members of the Race Committee from all responsibility or liability for loss of life or injury to participants or others, or for the loss of or any damage to any vessel, equipment, or other property arising out of the Buzzards Bay Regatta.

I hereby certify that the above mentioned boat will be outfitted and equipped in accordance with the Racing Rules of Sailing (RRS), and the regulations governing the class and the conditions of the race, and that I will comply with all government regulations. I assume all responsibility as to seaworthiness. I agree to abide by the rules established for the Buzzards Bay Regatta.

**Facsimile signatures shall be deemed originals for all purposes and have like validity and legal consequence.**

<b>PRINTED NAME OF PARENT/GUARDIAN</b>	
<b>SIGNATURE OF PARENT/GUARDIAN</b>	