



PLSS / MYST MEDICAL AND WAIVER FORM

Sailor's Name: _____

Date of Birth: _____

Parent's Name: _____

Address: _____

City, State, Zip: _____

Parent Phone #: _____

Parent Email: _____

Parent Phone #: _____

Parent Email: _____

The undersigned releases the Pewaukee Lake Sailing School, Inc. (PLSS) and the Pewaukee Yacht Club (PYC) their agents, officers and employees, from any and all liability arising or in connection with participation in its sailing instruction or with the use of its boats and other property by himself, his family, or his guests. The undersigned further agrees to observe all the rules and regulations of PLSS and PYC and holds harmless PLSS and PYC, their agents, officers and employees from and against any and all liability and claims brought by or on behalf of the student or members of his family.

Pewaukee Lake Sailing School, Inc.
Emergency Medical Treatment Form
(Parental Consent Form must be signed for each student)

We, the parents of _____ Give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Emergency Contact A: _____

Phone #: _____

Emergency Contact B: _____

Email: _____

Parent or Guardian: _____

Phone #: _____

Email: _____

Signed: _____

Date: _____

(Parent or guardian MUST sign above)

MEDICAL INFORMATION AND PARENT PERMISSION

Sailors Name: _____

Date of Birth: _____

Medical Insurance Information:

Carrier: _____

Policy Number: _____ Group Number: _____

Family Physician: _____ Telephone Number: _____

List all known allergies to medication: _____

Date of last tetanus shot: _____

Current Medications: _____

Other Pertinent Medical Information: _____