



Cal Sailing Club
A Sailing & Windsurfing Cooperative

Medical Release Form for Minors

I, _____, am the legal guardian of
_____. I have read the Operating Rules of the CAL
SAILING CLUB and agree to the conditions set forth therein.

I/we give my/our permission for our minor child _____
to be a member of the CAL SAILING CLUB. I/we have adequate insurance and will not hold the CAL
SAILING CLUB responsible in the case of any illness or accident incurred as a result of this membership.

The CAL SAILING CLUB has my/our permission to obtain emergency medical treatment for my/our child.

Date: _____

Parent (Guardian) signature(s): _____

Child's signature: _____

EMERGENCY INFORMATION

Name of Minor _____
Member: _____ Date of birth: _____

Address: _____

Parent or Guardian: _____

Home phone: _____ Work phone: _____

Medical insurance company, healthplan number, etc. _____

Medical problems/allergies/restrictions (if any): _____

Other relevant info: _____