



SailMaine

2012 Emergency Contact and Medical Information

58 Fore Street
Portland, Maine 04101
telephone: (207) 772-7245
fax: (888) 674-7245
www.sailmaine.org

1. Sailor

First Name: _____ Last Name: _____
Street: _____ Best Phone #: _____

Alternate Phone #: _____
City: _____ State: ____ Zip: _____ E-mail: _____ Date of Birth: _____
Gender: F M

2. Emergency Contact Information: *please list parent or guardian first.*

Primary Contact (Parent, Guardian if under 18 years of age):

First Name: _____ Last Name: _____ Relation: _____

Address (if different from Sailor): _____

Best Phone #: _____ Alt Phone #: _____ E-mail: _____

Notes: _____

Contact #2:

First Name: _____ Last Name: _____ Relation: _____

Best Phone #: _____ Alt Phone #: _____ E-mail: _____

Contact #3:

First Name: _____ Last Name: _____ Relation: _____

Best Phone #: _____ Alt Phone #: _____ E-mail: _____

3. Medical Information:

Height: _____ Weight: _____ Date Last Tetanus Shot: _____ Allergies to Medication? _____

Other Allergies? _____ Medications Taken? _____

Physician _____ Physician's Telephone Number _____

Is there any medical reason that this registrant may not be able to participate in the full range of activities offered by SailMaine?

Yes No

If Yes, please describe in detail. If you need more space, use extra paper as necessary. If you are filling this form in electronically, space is not an issue.

Please describe any specific medical needs or conditions we should be aware of: (eg. ADHD, visual or hearing impairment):

4. Statement of Understanding and Emergency Treatment Authorization

I, _____ (the parent/guardian of _____, a minor), certify that the above information is current and correct. If there is any change, I will immediately notify SailMaine. I also certify that I have the authority to enroll myself/my child as a participant in a SailMaine program. By signing below, I indicate my understanding that participating in sailing, related activities, and other programming at SailMaine involves a risk of injury, and I authorize the staff of SailMaine to obtain or provide emergency or medical treatment for myself/my child in the event of an emergency.

Participant signature if over 18

Parent/Guardian signature if under 18

Date