

**MANTOLOKING YACHT CLUB  
MEDICAL/EMERGENCY TREATMENT INFORMATION  
2009 ODO Championship**

Skipper's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Allergies: \_\_\_\_\_

Special Medications: \_\_\_\_\_

Where the registrant is a minor, the policy of the Mantoloking Yacht Club will be to contact the designated adult before transporting a child to a doctor or hospital. The Undersigned on behalf of him/herself or on behalf of his/her minor child or ward, by this instrument authorizes any physician, dentist, nurse, hospital, emergency medical squad and or any instructor to administer or secure the administration of emergency medical treatment or first aid care to the skipper in the event of injury or illness which occurs during or connected with the program activities and in the case of a minor child, during the absence of the designated adult until such time as the designated adult of the Undersigned is contacted in person or by telephone and specifically withdraws such authorization. The undersigned assumes full financial responsibility for any applicable policy of accident/health insurance including that issued to the Undersigned or to the skipper by:

**Medical Insurance Information**

Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Named insured: \_\_\_\_\_

The Undersigned on behalf of him/herself or on behalf of his/her minor child or ward, by this instrument hereby releases Mantoloking Yacht Club, its agents, servants and employees, and holds them harmless and indemnifies them from all liability and or claims arising out of the administration of any such medical treatment as noted above afforded the registrant, and agrees that the New Jersey "Good Samaritan Act", N.J.S.A. 2A:62 A-1, is applicable to any medical treatments noted above afforded the registrant notwithstanding the location of where such emergency care is administered.

SIGN HERE

Print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(parent/guardian)

\_\_\_\_\_