

Medical Profile & Photo Consent

Mobile Sailing School SSCA 2024



Participant Medical Profile

Full Name: _____ Date: _____

Health Insurance #: _____ Age: _____

Previous Sailing Experience: _____

Swimming ability: _____

Allergies: _____

Serious injuries (past or ongoing): _____

Diseases: _____

Disabilities: _____

Medications currently taken: _____

Medications in case of emergency (epipen, puffer): _____

Please bring this emergency medication with you to each day of your course

Other medical conditions or information we should be aware of: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Permission for Medical Treatment

I, _____, give permission for Sask Sailing staff, volunteers and/or its designates to proceed in any manner they deem necessary in the case of a medical emergency. I am releasing the right for the information that I have provided above to be shared with staff, volunteers, and medical personnel who are in contact with or responsible for my/my child's safety and participation in the Mobile Sailing School of Sask Sailing activities and programs.

Signature: _____ Date: _____

Image Consent

I give my consent to have my/my child's name and/or image stored and reproduced by Sask Sailing for promotional and informational purposes. Reproduction consent includes release for use in newsprint and newsletter articles, website usage and submission to third parties.

YES NO

Name: _____ Signature: _____