



**Fax to Sail Newport
at: (401) 846-7245
or
Hand in at
registration before
sailing.**

2006 MELGES 24 GOLD CUP REGATTA

PARENTAL WAIVER

To be submitted for all underage skippers and crew members

MEDICAL AUTHORIZATION FORM

**One for each participant under age 18

I(we) the undersigned parent, parents, or legal guardian(s) of _____, a minor, do hereby authorize and consent to such medical or dental treatment services or care which are necessary or appropriate for my child, including the selection of medical personnel and facilities and transportation or transfer of my child to such facilities and in connection with such treatment, services and/or care, to authorize and consent in my name and on my behalf to such emergency or necessary surgery, diagnostic or corrective, as they may determine to be necessary for the life, health or well being of my child, after reasonable consultation with duly licensed physicians, surgeons and /or dentists. It is understood that reasonable effort shall be made to contact the undersigned prior to rendering treatment of my child but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Boat Name _____ SAIL # _____

Is the above person the SKIPPER or CREW (circle one)

Issues/allergies which medical personnel should be aware of:

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Tel # Home: _____ Tel# Cell or Work _____

Signature: _____ Date: _____