



**SUBMIT AT REGISTRATION OR  
FAX TO SAIL NEWPORT  
401.846.7245**

**2008 HALLOWEEN HOWL**

To be submitted for all skippers and crew members

**MEDICAL AUTHORIZATION FORM**

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 Class: \_\_\_\_\_ Boat Name \_\_\_\_\_ SAIL # \_\_\_\_\_

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

Issues/allergies which medical personnel should be aware of:

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**EMERGENCY CONTACT:**

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

Tel # Home: \_\_\_\_\_ Tel# Cell or Work \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***PARENT-PLEASE CIRCLE:***

I WILL/WILL NOT be on the water on Saturday in a support boat. (Optis Only)

I WILL/WILL NOT be on the water Sunday in a support boat (Lasers/Optis)