

Benicia Yacht Club

Race / Sailing Participant Contact & Medical Information Form

The information on this form is confidential and will not be shared with any other organization, company, or agency; with the exception of emergency-response or medical professionals in the event of a medical emergency. Please provide all relevant information. If you were to have a medical emergency, this may be used by medical personnel to help save your life.

First Name _____ Last Name _____

Address _____ City _____ St _____ Zip _____

Phone 1 _____ Phone 2 _____ Email _____

Date of Birth (mm/dd/yyyy) _____ Height _____ Weight _____

Ok to include my email address BYC Racing mailing list? YES NO

Emergency Contact:

First Name _____ Last Name _____

Phone 1 _____ Phone 2 _____ Email _____

Relationship _____ Other Information _____

Medical Information:

Medical Provider _____ Group _____ Member _____

Medical Allergies? YES NO List _____

Food Allergies? YES NO List _____

Asthma? YES NO Require epinephrine or hospital? _____

Diabetes? YES NO Require insulin? _____

Epilepsy? YES NO Explain _____

Medications taken on regular basis _____

Blood/RH Type _____ Any other health information _____

Boat / Skipper's Name _____

Special instructions to skipper _____

Signature _____ Date _____