



Optimist Spring Series Harken #1

February 25 & 26, 2017
Marina del Rey, California USA

Parental Consent Form

Incomplete forms will not be accepted.

PARENTAL CONSENT FOR MEDICAL AND/OR DENTAL CARE OF A MINOR

I, am a parent, guardian or other person having legal custody of the following minor:

Competitor's Name

In consideration of said minor's participation in the 2017 Optimist Spring Series Harken #1 at California Yacht Club (CYC) and related activities, I hereby authorize CYC to consent to medical or dental care, or both, of said minor, including any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment or hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or dentist. This authorization is given pursuant to California Family Code Section 6900 et. seq. and any similar or successor laws. I agree that this authorization shall remain in full force and effect for the duration of said minor's participation in the 2017 Optimist Spring Series Harken #1 and related activities and cannot be sooner revoked. I agree to assume financial responsibility for all expenses of such care.

Non-Liability of California Yacht Club

I agree that in no event will CYC, its affiliates, or the partners, owners, directors, officers, employees, agents and committee persons of any of them have any liability whatsoever arising in connection with any medical or dental care rendered pursuant to the above Authorization, regardless of any negligence by any party.

I certify that I am a parent, guardian or other person having legal custody of the named competitor.

I have carefully read, understand and agree to the above, initial here: _____

_____ Parent or Guardian Name	Cell Phone: _____
Address: _____	Tel. (day): _____
_____ Health Insurance Carrier: _____	Tel. (eve): _____
Child's Doctor's Name: _____	Plan/Group No: _____
Alternate Emergency Contact: _____	Tel. _____
Adult Responsible for Competitor at Event: _____	Tel. (day): _____
Adult's Cell #: _____	Date: _____