



Health Information and Care Authorization

CRIMSON SAILING ACADEMY LLC

Please complete all information. Missing information may delay your registration. You should consider your registration complete after your payment is processed at CSA.

STUDENT INFORMATION

NAME (LAST) _____ (FIRST) _____

DATE OF BIRTH (MUST BE 11 YEARS OLD BY AUGUST 31ST) _____

PARENT INFORMATION

1. PARENT / GUARDIAN (LAST) _____ (FIRST) _____ Mr./ Mrs./ Dr. _____

ADDRESS (STREET / APT) _____

(CITY) _____ (STATE / ZIP CODE) _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

EMAIL _____

2. PARENT / GUARDIAN (LAST) _____ (FIRST) _____ Mr./ Mrs./ Dr. _____

ADDRESS (STREET / APT) _____

(CITY) _____ (STATE / ZIP CODE) _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

EMAIL _____

In case of emergency, CSA should call:

HOME

PARENT / GUARDIAN 1

PARENT / GUARDIAN 2

ALTERNATE EMERGENCY CONTACT

CONTACT (LAST) _____ (FIRST) _____ Mr./ Mrs./ Dr. _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

EMAIL _____

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN _____

PHYSICIAN'S PHONE _____

PARTICIPANT'S:

ALLERGIES _____

MEDICATIONS _____

RESTRICTIONS _____

OTHER HEALTH ISSUES _____

INSURANCE INFORMATION

MY CHILD IS COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE: YES NO

NAME OF INSURANCE COMPANY _____

INSURANCE HOLDER'S NAME AND RELATION TO PARTICIPANT _____

POLICY # _____

GROUP ID # _____

My child is physically able to participate fully and safely in the Crimson Sailing Academy (CSA) and has no medical condition, which would limit his/her participation. I will be fully responsible for all medical expenses incurred by my child while attending CSA. I grant CSA staff the authority to take appropriate actions for my child's health and safety, and to obtain medical assistance if necessary. I realize that there are unavoidable risks involved in sailing. I understand that neither CSA coaches, nor Harvard University can accept responsibility for injuries, accidents or mishaps involving my son/daughter during his/her week at CSA. I have provided accurate information here-in, and have read and freely signed this agreement, which shall take effect as a sealed instrument.

PARENT SIGNATURE _____

DATE: _____

CrimsonSailingAcademy.com
info@CrimsonSailingAcademy.com
TEL: 85-SAILING-1 (857) 245-4641

Your registration will not be processed unless full payment is received.
Mail completed forms to:

CRIMSON SAILING ACADEMY
P.O. Box 335
Belmont, MA 02478

