



## 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 31<sup>ST</sup>) \_\_\_\_\_

### 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: \_\_\_\_\_

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

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

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