

**Emergency Information Card**  
Monterey Peninsula Yacht Club  
Summer Sailing Program

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

**Father (Or Guardian):** Name \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother (Or Guardian):** Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Other contact in case of emergency:**

Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Any known allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes please list:

Is student covered by Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ List coverage (include group and policy number as appropriate)

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In the event of an emergency, and we as parents or guardians cannot be reached, the members of the Monterey Peninsula Yacht club are hereby authorized to seek emergency medical attention for the above named child. Permission is hereby given to any Doctor for medicine and /or ambulance service to render such medical or surgical care as medically necessary. It is understood that I/we shall be financially responsible for any such medical services rendered.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Any additional notes or information as needed on reverse