

Greenwich Water Club Inc.
Greenwich Crew - Masters
Medical Emergency Authorization

PARTICIPANT: _____
(Please Print) Last First Middle

ADDRESS: _____
 Street City State Zip Code

The coaches and trainers have my permission to give me over-the-counter medications stocked in the medical training kits: Y N Initial _____

Medications currently being taken (include generic names, special instructions, etc.)

Are there any medical conditions that we should be aware of (allergies, heart conditions, etc.)

During my participation in the Greenwich Crew Masters Program, I authorize the coaches and trainers of the GWC to make decisions to proceed with any critical medical/surgical treatments required for my health and welfare, provided an attempt to notify me has been made. IN THE EVENT I CANNOT RESPOND, I GIVE GREENWICH WATER CLUB PERMISSION TO SEEK MEDICAL ATTENTION FOR ME.

Signature: _____ Date: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____
(Please Print) Last First Home # Work # Cell #

Name: _____
(Please Print) Last First Home # Work # Cell #

Physician: _____
(Please Print) Last First Telephone

Address: _____
 Street City State Zip Code

Dentist: _____
(Please Print) Last First Telephone

Address: _____
 Street City State Zip Code

Insurance _____ Policy Number _____