

# COAST COMMUNITY COLLEGE DISTRICT AUTHORIZATION FOR MEDICAL TREATMENT

I, the undersigned (print name of student) \_\_\_\_\_ (Student/Participant) wish to (and if under 18 years of age also my parent or guardian authorize my son/daughter to) participate in the District-sponsored activity of **JUNIOR SAILING CAMP** (hereinafter "Activity"). In order that I, my daughter/son may receive the necessary medical treatment in the event of an emergency whereby I, she/he may sustain injury or illness during participation in this activity, I authorize any school official to consent to and obtain necessary medical treatment, including x-rays, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care for such an injury or illness during the activity and I hereby release, discharge, indemnify and agree to hold District, District's governing board and College and each of their trustees, employees, agents, coaches, teachers, volunteers, and representative harmless in the exercise of such authority. I further hereby acknowledge that neither the District nor any of the persons named above have any obligation to seek such treatment.

Should the need arise; the following information may be given to any health care provider.

## STUDENT

**Name**

\_\_\_\_\_  
(first) (Middle) (Last)

**Address**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

## EMERGENCY CONTACTS

Parent(s) or guardian

**Name**

\_\_\_\_\_  
(first) (Middle) (Last)

**Phone:** (including area code)

\_\_\_\_\_  
(day)

\_\_\_\_\_  
(evening)

## OTHER CONTACT

**Name**

\_\_\_\_\_  
(first) (Middle) (Last)

**Relationship**

**Phone:** (including area code)

\_\_\_\_\_  
(day)

\_\_\_\_\_  
(evening)

## STUDENT'S REGULAR PHYSICIAN

**Name**

**Phone:** (including area code)

## **MEDICAL CONDITION**

Please list any medical conditions of the above student (asthma, diabetes, epilepsy, etc.) \_\_\_\_\_

Please list any Med allergies \_\_\_\_\_ Food/Env Allergies: \_\_\_\_\_

Please list any medications the above student is now taking. \_\_\_\_\_

List any medication the student is carrying to class: \_\_\_\_\_

Date of the student's most recent tetanus shot \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

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## STUDENT HEALTH CHECK

In the past 14 days have you had:

- |                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| 1. Fever (100° F or greater)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Shortness of breath?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Cough?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## MEDICAL INSURANCE

Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

I, or the undersigned parent/guardian, have read and understood the above Authorization for Medical Treatment

\_\_\_\_\_  
*Signature of Parent or Guardian if Participant is under the Age of 18*

\_\_\_\_\_  
*Date*

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**Student Age:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Student Shirt Size:** \_\_\_\_\_

**Student Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ Youth M L XL or Adult S M L XL

Student will attend with:

A sibling \_\_\_\_\_

A Friend \_\_\_\_\_ Name: \_\_\_\_\_

**Please indicate weeks of prior sailing experience:** \_\_\_\_\_

**COAST COMMUNITY COLLEGE DISTRICT  
VOLUNTARY ACTIVITIES PARTICIPATION FORM**

**ACKNOWLEDGMENT, RELEASE, AND ASSUMPTION OF POTENTIAL RISK AGREEMENT**

I, \_\_\_\_\_ ("Student/Participant"), \_\_\_\_\_ (Student ID #),  
wish to participate in the Coast Community College District ("District") sponsored activity of \_\_\_\_\_  
("Activity") at \_\_\_\_\_ [College].

I understand and acknowledge that this Activity may be dangerous, hazardous, and by its very nature, pose the potential risk of severe and serious physical and emotional injury, illness, or even death, to all individuals who participate in such Activity.

\_\_\_\_\_(Initials) **I UNDERSTAND AND ACKNOWLEDGE THAT IN ORDER TO PARTICIPATE IN THIS ACTIVITY, I AGREE TO ASSUME ALL LIABILITY AND RESPONSIBILITY FOR, ANY AND ALL POTENTIAL RISKS, INJURIES, OR EVEN DEATH, WHICH MAY BE ASSOCIATED WITH PARTICIPATION IN SUCH ACTIVITY. I represent and warrant that I am mentally and physically fit, capable, able, and willing, to participate in this Activity without any limitation. I assume full and sole liability for the use of my own vehicle in traveling to, during, and from, this activity. If this Activity involves the Orange Coast College Sailing Center, then I represent that I am a competent swimmer.**

I understand, acknowledge, and agree, that the District, its trustees, employees, agents, coaches, teachers, volunteers, and representatives, shall not be liable for any injury or illness suffered by Student/Participant which is incident to, and/or associated with, preparing for, and/or participating in, this Activity.

I hereby release, discharge, indemnify, and agree, to hold harmless District, District's governing board ("Board"), and each of their trustees, employees, agents, coaches, teachers, volunteers, and representatives, free from any and all liability, arising out of, or in connection with, Student/Participant's participation in this Activity, including all related activities such as games, practices, training activities, trips, and related exercise. For purpose of this **VOLUNTARY ACTIVITIES PARTICIPATION FORM ("FORM")**, "liability" means all claims, demands, losses, causes of action, suits, or judgments, of any kind, that Student/Participant, or Student/Participant's parents, guardians, heirs, executors, administrators, and assigns, may have against District, , and its trustees, employees, agents, coaches, teachers, volunteers, and representatives, because of Student/Participant's personal, physical, or emotional, injury, accident, illness, death, or because of any loss of or damage to property, that occurs to Student/Participant, or his or her property during Student/Participant's participation in the Activity, that may result from any cause, including but not limited to, District's, trustees', employees', agents', coaches', teachers', volunteers', or representatives', own passive or active negligence, or acts other than fraud or willful misconduct.

\_\_\_\_\_(Initials) **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FORM AND THAT I UNDERSTAND THE POTENTIAL DANGERS INCIDENT TO ENGAGING IN THIS ACTIVITY, AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF THIS FORM , AND AGREE TO ITS TERMS AND CONDITIONS, AND UNDERSTAND THAT I AM WAIVING CERTAIN RIGHTS, AND ASSUMING THE RISK OF DAMAGE FROM MY PARTICIPATION IN THE ACTIVITY.**

I understand and acknowledge that while participating in the Activity, pictures, including video with voice/sound, may be taken of me, and subsequently may be used by the District. I authorize the use of my name and pictures, including any accompanying voice, to be exhibited, with or without advertising sponsorship, as still photographs, transparencies, motion pictures, television, video, or similar media, and I hereby release the District, its trustees, employees, and agents from all claims related to the taking and use of such images.

Student/Participant's Signature	Date
Parent/Guardian's Signature (required if Student/Participant is a minor)	Date
District's Signature	Date

**2024 YOUTH SELF CHECK-IN/CHECK-OUT FORM**  
**For Non-Parent Authorized Pick Up/Drop Off**

If your child will be signing him/herself in and out of camp/class, or if someone other than a custodial parent or legal guardian will drop off/pick-up your child, then this form is required to let us know your child has your permission to come to camp/class and leave without a parent/guardian present.

**This form can be submitted via email to [customer@occsailing.com](mailto:customer@occsailing.com) by 4 pm on the Friday prior to the first day of class, or in-person by a parent/adult guardian.**

CLASS NAME: \_\_\_\_\_  
PARTICIPANT'S NAME: \_\_\_\_\_  
PARTICIPANT'S DOB: \_\_\_\_\_  
PARENT/GUARDIAN NAME: \_\_\_\_\_  
PARENT/GUARDIAN PHONE: \_\_\_\_\_  
PARENT/GUARDIAN EMAIL: \_\_\_\_\_  
PARENT/GUARDIAN ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_

Authorize my child to sign him/herself into and out of the camp/class identified above each day.

Non-parent/Legal Guardian Authorized Pick-up/Drop off

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**We must receive the completed and signed form from you via email or in person  
PRIOR to your child arriving without an adult for camp/class.**