

Emergency Contacts

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

I, _____, (Parent/Guardian) authorize the RYC Learn to Sail program organizers or their employees to sanction emergency treatment if none of the student's emergency contacts or Parent/Guardians can be reached at the time of an emergency.

Parent/Guardian Signature

Date