



## 2010 California Invitational Blind Sailing Regatta

### MEDICAL & DIETARY FORM

I, \_\_\_\_\_  
(please print name of athlete)

hereby give permission to \_\_\_\_\_ (print coach/team leader or other name) to sign for any medical or surgical treatment necessary for myself during the 2010 California Invitational Blind Sailing Regatta, May 14-16.

Athlete signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL HISTORY	
Important medical and surgical history	Last tetanus immunization date
I take the following medicines:	I have the following allergies:

MEDICAL INSURANCE	
Company name:	Policy Number:

DIETARY REQUIREMENTS
Do you have any special dietary requirements? ___ YES ___ NO
If yes, please list:

EMERGENCY CONTACT
Name: _____ Relationship: _____
Address: _____
Telephone: _____ Fax: _____ e-mail: _____

NOTE: ISAF Regulation 21, Anti-Doping Code, applies. This form does NOT constitute a therapeutic use exemption for a prohibited substance. Information on prohibited substances and obtaining exemptions can be found on ISAF's web page at: <http://www.sailing.org/medical/>

Please send completed form to: [ddavis@marinsailingschool.com](mailto:ddavis@marinsailingschool.com)

**Note: This form is due by 2 April 2010.**