

PEWAUKEE LAKE WATER SKI CLUB EMERGENCY RELEASE ADDENDUM

(Must be filled out for every member)

Name _____

Known Allergies (food, medicines, insects, plants) _____

Pre-existing health conditions:

___ Asthma ___ Diabetes ___ Heart trouble ___ Convulsions/seizures ___ Hemophilia

___ High blood pressure ___ Kidney disease ___ Cancer/leukemia ___ None

___ Other (list) _____

Date of last Tetanus Shot _____ Date of last physical _____

Physician _____ Phone _____

Dentist _____ Phone _____

Parent/Guardian/Spouse Information

Circle One: Mother Father Guardian Spouse

Name _____ Address: _____

City _____ State _____ Zip _____ Phone _____

Employer _____ Phone _____

Health Insurance Company _____

Insurance ID Number _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PARENTAL CONSENT FOR TREATMENT OF A MINOR *(If member is under the age of 18)*

I give permission for full participation in the Pewaukee Lake Water Ski Club, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me before initiating treatment. In the event I cannot be reached, I hereby give my permission to the licensed healthcare practitioner selected by the Pewaukee Lake Water Ski Club's Safety Director to proceed with whatever medical care is in the child's best interest until such time as I can be reached.

Signature on membership application page.