



COHASSET MARITIME INSTITUTE

EMERGENCY CONTACT and MEDICAL RELEASE

YOUTH PARTICIPANT NAME: _____

PRIMARY EMERGENCY CONTACT (If the participant is under the age of 18, the primary emergency contact must be the participant's legal parent or guardian)

Name: _____

Relationship to Participant: _____

Home address: _____

Phone: Cell _____ Home _____ Work _____

SECONDARY EMERGENCY CONTACT

Name: _____

Relationship to Participant: _____

Home address: _____

Phone: Cell _____ Home _____ Work _____

I hereby attest that my dependent is in good health and that no medical conditions preclude his\her participation in any CMI-related activities. I further attest that I will bring the medications (such as inhalers or epipens) that might be needed by my dependent during participation in such activities, and that my dependent is responsible for self-administering such medications. I grant permission to CMI staff, coaches and designee(s) to seek emergency medical assistance for my dependent as deemed necessary during participation in any CMI-related activity.

_____ (name of dependent/minor child)

_____ (Signature of parent/guardian)

_____ (date)