

LONG BEACH YACHT CLUB

Physician's Release for Youth Activities Participation

Participant Name: _____

Parent(s) Name: _____ Account #: _____

Participant has successfully completed a pre-participation physical examination and is found to be healthy to participate fully in vigorous sports activities (ie. swimming, sailing, running, lifting, etc). He/she is current on all immunizations in accordance with the AAP guidelines. He/she is eligible to participate in Long Beach Yacht Club youth activities/programs.

Participant has not met the above requirements, but will complete them by _____ (date) and will then be eligible to participate in Long Beach Yacht Club youth activities/programs.

Participant has not met the above requirements and is not eligible to participate in Long Beach Yacht Club youth activities/programs.

Physician Signature

Date

Physician's Office Stamp

*Return hard copy to Youth Activities Director or scan and e-mail to swim@lbyc.org