



Info@LifeSail.org - 818 424 7245

LifeSail Inc. Sailing Programs & Actives Minor's Health History – Parent's
&/or Guardian's Report

Minor's Name: _____

Date of Birth: _____ Sex: ____ Male ____ Female ____ School/CBO _____

Does your child have the following: Details / Limitations

Seizures ____ No ____ Yes _____

Heart defect or disease/ Diabetes ____ No ____ Yes _____

Bleeding / clotting disorder ____ No ____ Yes _____

Asthma ____ No ____ Yes _____

Serious allergies: Insect stings ____ No ____ Yes _____

Penicillin ____ No ____ Yes _____

Other drugs Food ____ No ____ Yes _____

Other ____ No ____ Yes _____

Muscle, bone or joint problems ____ No ____ Yes _____

Previous injury still affecting ____ No ____ Yes _____

Loss of consciousness ____ No ____ Yes _____

Physical limitations ____ No ____ Yes _____

Surgery in the last year ____ No ____ Yes _____

Special fears or conditions ____ No ____ Yes _____

* If you checked "Yes" to any of the above, then the participant needs to have a doctor's
release form on file

before he/she will be allowed to participate in the Summer Sailing Program.

* LifeSail reserves the right to decline any participant for safety reasons.

Is there anything else we should know about your child? _____

I certify that the above information is true, correct and complete.

Signature of Parent or Guardian _____ Date _____

Print Name _____

Any other health issue(s), please describe: _____
