



Medical Treatment Authorization

I hereby give my permission for any and all medical attention necessary to be administered to my child (Name) _____ in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

My Name is _____

Address: _____

Home Phone: () _____ Work Phone: () _____

My insurance company is _____

My policy number is _____

In case I can not be contacted, any of the following is designated to act in my behalf:

1. Coach _____
2. Assistant Coach _____
3. Any Tournament representative where my child is participating in a tournament.

Our physician is _____

Address: _____

Phone () _____

Signature (Parent/Guardian): _____ Date: _____