

Junior Expedition Team Parental Authorization

Please List Athlete's First and Last Name:

Age:

Permission to Treat a Minor

I _____ parent or guardian of above, minor(s), have entrusted such minor(s) into the care of Junior Expedition Team coaches, however said entrustment shall only be in effect November 1, 2011 through May 30, 2012 and only for those periods when the above named minor(s) is (are) attending practice sessions or races as (a) member(s) of the Junior Expedition Teams.

In such consideration we authorize such caring adult (JET coach) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor(s) under the general or special supervision and on the advice of a physician licensed under the provisions of the medicine practice act; or to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor(s) by a dentist licensed under the provisions of the dental practice act. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations under the same kind of responsible deliberations as we, as such minor(s)' parents or guardians, would have to consider it.

The minor(s) is (are) in good health and there are no special problems associated with the care of the minor(s). I accept responsibility for all the minor(s)' medical expenses incurred in connection with the sport.

Medical/ Accident Insurance Carrier: _____

Policy Number: _____

Parent/ Guardian: I represent and warrant that I am the parent and/or legal guardian of the minor(s) listed above. I agree to indemnify Junior Expedition Teams for any and all claims brought by the minor(s); and I agree to indemnify Junior Expedition Teams for any and all claims brought by a third party arising in connection with the minor(s)' participating in sport. I have authority to enter this Agreement on behalf of the minor(s). I agree to be bound by its terms.

PRINT NAME OF PARENT/LEGAL GUARDIAN: _____ RELATION: _____

SIGNATURE: _____ DATE: _____

Please list any Emergency Medical Information, including known allergies:

Please Include a Photocopy of Your Insurance Policy and/or Identification Card.