

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

TO WHOM IT MAY CONCERN:

As the parent/guardian of _____, I hereby authorize any officer or board member and/or skating professional of the Clinton Figure Skating Club to act on my behalf in authorizing medical/dental attention and/or hospitalization, as deemed necessary by proper medical authorities, should my child, the above named, be injured in any manner while participating in the Clinton Figure Skating Club program. I further agree to allow the officers or board members of the Clinton Figure Skating Club to sign on my behalf the forms required for such medical attention and/or hospitalization.

_____ Parent/Guardian Signature	_____ Date
_____ Phone Number	_____ Family Doctor
_____ Emergency Phone Number	_____ Hospital Preference

Please list any medical conditions, including allergies:

Please list any daily medications taken by your child:

RELEASE OF LIABILITY

I understand that the Clinton Figure Skating Club assumes no liability in the event of an accident, illness, or injury in conjunction with the skating program in which my child (or myself) is now enrolling.
I further understand that my child s instruction may include the use of a jumping harness while under the direct supervision of a club professional trained in the use of such equipment.

The Club reserves the right to require additional signed forms of release as deemed appropriate.

Name of Student: _____

Signature of Parent/Guardian:: _____

Date: _____