

EMERGENCY MEDICAL AUTHORIZATION
Part I OR PART II MUST BE COMPLETED
PART I TO GRANT CONSENT

Name of Family Physician: _____ Phone: _____

Name of Dentist/Orthodontist: _____ Phone: _____

In the event reasonable attempts to contact me or second parent/guardian at the numbers listed, have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment of physician or dentist listed above, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

(Signature of parent/ guardian) _____
Date

PART II REFUSAL TO GRANT CONSENT
(DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Alice Noble Ice Arena to take no action or to: _____

(Signature of parent/ guardian) _____
Date

PROGRAM WAIVER & FIELD TRIP PERMISSION STATEMENT

Child's Name: _____ Grade: _____

I hereby give permission for my child to participate in programs at/and offered by the Alice Noble Ice Arena. I understand that I will be notified in advance of any trips. I also waive any liability to the Alice Noble Ice Arena and the staff thereof, while participating in these trips and other activities at the Alice Noble Ice Arena. I permit my child to be transported in a van and walk with authorized personnel.

(Signature of parent/ guardian) _____
Date

PHOTO RELEASE

I also give permission for my child's photograph to be taken while participating at the Alice Noble Ice Arena and their activities, to be used for the purpose of publicity. These photos may be used for program brochures, media productions, advertisements or news articles by the Alice Noble Ice Arena.

(Signature of parent/ guardian) _____
Date

ADULTS AUTHORIZED TO PICK UP MY CHILD (must be at least 16 years of age):

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE NUMBER</u>
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I have read and fully understand the above Woo Skate Club Program policies and authorization, and do hereby give such authorization as indicated.

(Signature of parent/ guardian) _____
Date