



Team Alpentel Snoqualmie Medical and Surgical Treatment Authorization

I, the parent or legal Guardian of _____ do hereby authorize and give my consent to the authorities of Team Alpentel Snoqualmie to obtain emergency medical and surgical treatment for:

Name of Athlete

Date of Birth

I, also authorize medical authorities to perform upon or administer necessary medical and surgical treatment to the aforementioned athlete.

This authorization is intended to cover emergency situations only. Authorities are not excused from attempting to contact me before relying upon this authorization. This authorization does not entitle medical authorities to render any medical or surgical treatment without the athlete personal consent unless the athlete is unable to give consent.

This permission is good only while the athlete is participating with Team Alpentel Snoqualmie. I realize that the obtaining of emergency and surgical treatment by Team Alpentel in no way renders Team Alpentel Snoqualmie liable for the expense in obtaining such.

Signature of Athlete

Date

Signature of Parents/Guardian

Date