

**AUTHORIZATION FOR MEDICAL TREATMENT &  
LIABILITY RELEASE FORM**

NAME: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ AGE AS OF 8/31/09: \_\_\_\_\_

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter named above, and herein after shall be referred to as "participant", to participate in the PRO Easter Open Competition. I acknowledge, understand, and agree that in taking part in such event, there is a possibility of physical illness or injury, and that participant is assuming the risk of such illness or injury by participation. In order that participant may receive the necessary medical treatment in the event of an injury or illness, I hereby hold PRO Athletics Inc., the Administrators of this event, the facility and its representatives, harmless in the exercises of this authority.

I further agree to hold harmless, PRO Athletics Inc., the Administrators of this event, and the facility, from any and all liability for any claim whatsoever, including any claim arising out of injury or illness incurred by participant during the course of the scheduled event including, but not limited to practices, competitions, exhibitions, and/or other activity associated with this event.

Please list any medication participant is currently taking: \_\_\_\_\_

\_\_\_\_\_

Please list any known allergies participant has: \_\_\_\_\_

\_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POLICY #: \_\_\_\_\_

SUBSCRIBER'S NAME: \_\_\_\_\_

\_\_\_\_\_  
(Participant's signature)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Address)

( ) \_\_\_\_\_  
(Phone Number)