



## MINOR OFFICIALS MEDICAL TREATMENT AUTHORIZATION AND CONSENT WAIVER

**Waiver of Liability:** Under the auspices of the tournament organizer, I agree to abide by the current rules of USA Fencing. Additionally, I understand that I am working this tournament at my own risk and release USA Fencing and the tournament organizer from any liability.

Minor's Signature: \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

### Consent for Medical Treatment:

This is to certify that on this date I, \_\_\_\_\_, give my consent to USA Fencing, the tournament organizers, and their representatives to obtain medical care from any licensed physician, hospital or clinic for the above named official for any injury or illness that may arise during activities associated with this tournament.

### Minor Official

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

### Information for Medical Treatment

Physician's Name and Location of Practice: \_\_\_\_\_

Physician's Phone # : (\_\_\_\_) \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Allergies (Other): \_\_\_\_\_

Please note any other significant medical information:

\_\_\_\_\_

If said official is covered by any insurance company, please complete the following:

Name of Policyholder \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_

Policy #: \_\_\_\_\_

Minor Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Contact phone Number for Parent / Guardian (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_