

# Marshall Hoops Club

## AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

We, \_\_\_\_\_ and \_\_\_\_\_  
(Mother) (Father)

of \_\_\_\_\_, \_\_\_\_\_, Minnesota do hereby state that we are the  
(City) (County)

parents/legal guardians having custody of \_\_\_\_\_ a minor,  
(Child's Full Name)

born \_\_\_\_\_ who resides with us at \_\_\_\_\_  
(Date)

We authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment to be rendered to our minor child under the general or special supervision physician or surgeon licensed to practice in the healing arts, when the need for such treatment is immediate, and when efforts to contact us are unsuccessful.

Family Doctor: \_\_\_\_\_ Allergies: \_\_\_\_\_

### LIABILITY WAIVER

The undersigned, as parents/guardians of the minor child fully understand and agree that the Marshall Hoops Club expressly denies any and all liability of any kind on account of or resulting from damage or personal injuries that may be caused by or result from the minor child's participation in the programs of the Marshall Hoops Club and the undersigned accept all such liability and responsibility. Under no situations will the coach, assistants, or the sponsors be held liable for any injury or accident. Each player is responsible for his own individual insurance.

We, the undersigned, fully understand the above and are in agreement with both the Consent and Waiver.

Dated: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_

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Grade: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Will your child be participating in the traveling program? Yes No Maybe

Youth t-shirt size: 10/12 14/16 or Adult t-shirt size: S M L XL