

**AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT**

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

\*\*If unable to reach parents, please notify: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

\*\*In case of Injury to Child, List Hospital Preference: \_\_\_\_\_

Family Doctor/Practice: \_\_\_\_\_  
Phone: \_\_\_\_\_ 2<sup>nd</sup> phone (if applicable): \_\_\_\_\_

List any allergies to food, fluids, or medicine:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any injury or medical condition(s) that require Medical Care:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medication(s) your child takes regularly:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Parental Consent to Participate**

I give consent for my child, a resident of the Cumberland Valley School District, to participate in the Cumberland Valley Youth Wrestling Association program.

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_ acknowledge my child is registered as a participant of the Cumberland Valley Youth Wrestling Association for the 2008-2009 season, and do fully understand that a physical is not required for this program, but is strongly recommended by the Association. I also understand that this wrestling activity is a full-contact sport.

I enter my child at my own risk and of free will, and the undersigned, as herein identified, will not in any way hold responsible the CVYWA, members of the board and employees, volunteers, or agents thereof for any and all injuries that my child may receive, or any and all losses that they may incur, directly or indirectly, from training, traveling to or from, or participating in the aforementioned wrestling program or related activities.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_