

2008 ASICS USAW Folkstyle National Championships Consent & Waiver Form
 (Please Print Clearly)

MEDICAL CONSENT

Parent or Guardian of minor must read and complete the following:

Name _____
 USAW Card # _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____ Birth Date _____
 E-mail _____
 Grade _____ Weight Class _____
 School/Club _____

Name of Primary Insurance Company _____

 Policy # _____
 Address _____
 Family Doctor _____
 Phone _____
 Presently on any medication? _____

 If yes, please list medication(s) _____

Without this signed authorization from the parent/guardian, hospitals in many states are obligated by law to delay treatment of a contestant's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her signature.

Check one:

_____ If my child needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

_____ If my child, named above, needs medical treatment during this event, it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

Adult athletes hereby authorize and consent to emergency medical treatment. Exceptions — List any medical procedures that you do not want performed unless specific approval is received:

PARTICIPANT ACKNOWLEDGES THAT PARTICIPANT HAS HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTANDS ITS PURPOSE, MEANING AND INTENT.

Print Name of Participant _____

Signature of Participant _____ Date _____

Signature of Parent or Guardian _____ Date _____

Please check the style under the age-group you plan on participating in. Make sure to read the event flyer for the age-groups that are competing.

- | | |
|--|---|
| <input type="checkbox"/> BANTAM
<i>(Born 2000—2001)</i> | <input type="checkbox"/> MIDGET
<i>(Born 1998—1999)</i> |
| <input type="checkbox"/> NOVICE
<i>(Born 1996—1997)</i> | <input type="checkbox"/> SCHOOLBOY/GIRL
<i>(Born 1994—1995)</i> |
| <input type="checkbox"/> CADET
<i>(Born 1992—1993)</i> | <input type="checkbox"/> JUNIOR <i>(Born 9/1/88 & after, plus currently enrolled in grades 9-12)</i> |
| <input type="checkbox"/> VET DIV A
<i>(Born 1976—1983)</i> | <input type="checkbox"/> VET DIV B
<i>(Born 1968—1975)</i> |
| <input type="checkbox"/> VET DIV C
<i>(Born 1960—1967)</i> | <input type="checkbox"/> VET DIV D
<i>(Born 1953—1959)</i> |
| <input type="checkbox"/> VET DIV E
<i>(Born 1952 and before)</i> | |

Drug Sensitivities or Allergies _____

Special Medical Conditions _____

Please indicate another person to call in case of emergency

Name _____
 Phone _____

SEEDING INFORMATION--If you are a returning 2007 Folkstyle All-American (Top 8), fill in the following information:

2007 Age-Group _____ 2007 Weight _____

