

Release – Permission to Treat & Emergency Information

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF _____ (“CHILD”). I DO FOR BOTH OF CHILD’S PARENTS, FOR CHILD AND CHILDS HEIRS AND SUCCESSORS, RELEASE ASC, CORP. AND ANY OF ITS AGENTS OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY “ASC, INC.”) FROM ALL CLAIMS ARISING OUT OF OR CONNECTION WITH CHILD’S PARTICIPATION IN ANY ASC, INC. PROGRAM. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE. Further, I give permission to ASC Inc. to treat Child or arrange for medical care or treatment for child in any situation deemed reasonably necessary by ASC Inc. If circumstances permit, ASC, Inc. shall attempt to communicate first via telephone with the following emergency contacts for child

Primary Emergency Contact:

Secondary Emergency Contact:

(Name and Relationship)

(Telephone #)

(Name and Relationship)

(Telephone #)

In the event neither emergency contact can be reached or if the urgency of the situation requires immediate attention without prior telephone contact, ASC, Inc. may arrange for medical treatment for the Child at the expense of the parent or guardian signing this form. Health Insurance, PPO information for child is as follows:

Insurance Company: _____ Policy Number: _____
Address: _____ City: _____ St: _____ Zip: _____
Telephone :(____) _____

In order to seek appropriate medical care of treatment of Child, please disclose the following:

Allergies: _____ (please specify, enter “none”)

Heart disease or other: _____ (please specify, enter “none”)

Any other conditions, symptoms or disability which would or might affect medical care or treatment or participation in the ASC, Inc. program: _____

Signature (Custodial parent or court appt. guardian)

(Date)