

EMERGENCY AUTHORIZATION AGREEMENT

Name of player _____ Age _____

TO ANY HOSPITAL, PHYSICIAN, OR OTHER CONCERNED PARTY:

The undersigned is a parent, guardian or managing conservator of _____
_____ a minor, _____ years of age, who is a registered member of Little Miss Kickball International, Inc. In the event my daughter should need emergency medical treatment requiring the consent of a parent, guardian or managing conservator, and it is the opinion that there is not sufficient time to obtain my consent, then, under these circumstances, authorize _____
_____ to act as temporary guardian of my to daughter and authorize him/her to consent to such surgery and other medical treatment as is recommended by the attending physician or emergency medical personnel as the case may necessitate."

"By my signature below, I agree to assume all responsibility for paying all reasonable and necessary costs and expenses of such treatment, and I further agree to indemnify and hold harmless, Little Miss Kickball International, Inc., it's Board of Directors and it's employees, chartered leagues and their board of directors, as well umpires, team coaches and sponsors.

Signature of Parent, Guardian or Managing Conservator

Date

Street Address

City

State

Zip

Home Phone

Business Phone

Cell Phone

Child's Physician, Address and Phone #

Medical Problems and/or Allergies

Religion (Optional): _____