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**Provide a release for every student that does not have a parent present at the tournament.**

**The person responsible for the student should have this form with them during the tournament.**

CONSENT TO PARTICIPATE, RELEASE, and MEDICAL AUTHORIZATION

**Name of Minor Child:** \_\_\_\_\_ **Age:** \_\_\_\_ **Date of Birth:** \_\_\_\_\_

*I/We, the undersigned parent(s) or legal guardian(s) of the above-named minor, know that I may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give \_\_\_\_\_ (the chaperone) the right to give consent to authorize emergency medical care.*

*It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care.*

List Current Medications:

Allergies:

Medical history or other important facts that should be known:

Parent Signature:

Date:

Parent Address:

**Home Phone:**

Cell Phone:

Name of Insurance Provider:

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