

CONTINENTAL RANCH COMMUNITY ASSOCIATION

Emergency Contact for Minor

M F

Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

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Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Emergency Medical Consent

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to attend the Tween/Teen Event on June 12, 2009. I release Continental Ranch Community Association and its representatives from liability in case of accident during activities related to Continental Ranch Community Association, except to the extent of the gross negligence or willful misconduct of the released parties.

Parent's/Guardian's Signature

Date

Witness Signature

Date