



EMERGENCY AUTHORIZATION AGREEMENT

Name of player _____ Age: _____

TO ANY HOSPITAL, PHYSICIAN, OR OTHER CONCERNED PARTY:

“The undersigned is a parent, guarding 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 circumstance, I authorize **Laguna Little Miss Kickball** to act as temporary guardian of my 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 its employees, chartered leagues and their Board of Directors, as well as umpires, team coaches and sponsors.”

(Signature of Parent, Guardian or Managing Conservator)

Date: _____

Mothers Name: _____ Fathers Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mom: Home Phone: _____ Work: _____ Mobile: _____

Dad: Home Phone: _____ Work: _____ Mobile: _____

Child’s Physician, Address and Phone No.

Medical Problems/Allergies/Medication

Religion (Optional):