



I, \_\_\_\_\_, a legal resident of (address) \_\_\_\_\_  
\_\_\_\_\_ am the Parent/Legal Guardian of  
\_\_\_\_\_. I hereby make and appoint the Eastern Sierra Nordic  
Ski Association staff my true and lawful attorney for me in my name to perform any  
emergency medical care hereinafter set down as fully as I might if personally present with full  
power of substitution and revocation, hereby ratifying and confirming all my said attorney shall  
do or cause to be done by virtue of this power and assume all financial responsibility for the  
same. I authorize said attorney to authorize any and all medical and hospital care and  
treatment deemed necessary by a duly licensed physician for the health and well-being of my  
child as named below.

Participant's Name: \_\_\_\_\_ (one form per  
participant)

Parents'/Legal Guardians' Signatures:

Father's Name: \_\_\_\_\_

Father's Signature \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Insurance Co. and policy numbers: \_\_\_\_\_  
\_\_\_\_\_

Best numbers where parents can be reached:

Father's Home/Work/Cell \_\_\_\_\_

Mother's Home/Work/Cell \_\_\_\_\_

Email Addresses: Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Athlete:  
\_\_\_\_\_ Athlete's Cell Phone: \_\_\_\_\_

Emergency contact if parents cannot be reached: Name: \_\_\_\_\_ Ph. #  
\_\_\_\_\_

List all important medical information, allergies to food or medicine, special physical conditions, etc.,  
about the above named:  
\_\_\_\_\_

Dates and results of last physical exam (i.e. school sports):  
\_\_\_\_\_



Family Physician & Address & Phone #:

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