

MERMAIDS HAWAII

410 Magellan Avenue, #1003, Honolulu, Hawai'i 96813-1857

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Alice P. S. Roberts, Artistic Director

EMERGENCY AUTHORIZATION – CHILD

PRINT NAME of CHILD _____ Birthday ____/____/____

Age: ____

Does this child have any disabilities, handicaps, present injuries or limitation, allergies, hemophilia, heart condition, diabetes, epilepsy, history of respiratory illness, or any other significant medical condition? Yes No If Yes, PLEASE STATE PROBLEMS on lines below

If you wish **FAMILY DOCTOR** contacted in case of emergency, fill in below

PRINT Doctor's NAME _____ PHONE # _____

PRINT Hospital if applicable _____ PHONE # _____

EMERGENCY AUTHORIZATION

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please try to contact:

PRINT Full Name of Contact _____ Relationship _____

PRINT Address of Contact _____
_____ PHONE # _____

Waiver of Liability and Disclaimer

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of Mermaids Hawai'i are primarily administered by volunteers rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its program, I hereby release, discharge, and hold harmless Mermaids Hawai'i, its employees, volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Mermaids Hawai'i sponsored events, including any physical injury caused by negligence of any official, referee, or coach while performing his/her duties during any practice or performance.

Acknowledgment and Consent

For both the internal and external use, I acknowledge that Mermaids Hawai'i may compile address and mailing labels, and may utilize mermaiding photographs of the named individual. I consent to such uses and hereby waive all right to compensation.

Signature of Parent or Guardian

Date

1.9.15