Barton College Medical waiver

Authorization for Medical Treatment and Accident waiver of a Minor

I/we, being the parent(s)/ legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a

Minor, do hereby appoint Barton Softball coaching staff to act on our behalf, in the event

That I/we cannot be contacted, to authorize or refuse necessary emergency treatment

While participating in programs from softball camp on 6/22/2022.

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I/we understand that I/we will be responsible for the payment of all costs incurred for any

Treatment. I/we will not hold Coach Bailey or Barton College in any way

responsible for accidents and/or injury to the child that are wholly or in part resulting

from facilities, acts, or omissions.

**Mother/ father/ legal guardian: Please fill out this form as completely as possible,**

**Circling the most likely way to reach you during the program.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name, relationship to child\_\_\_\_\_\_\_\_\_\_**

**Home address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other emergency contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**