

**AUTHORIZATION TO CONSENT TO TREATMENT OF
A MINOR**

I THE UNDERSIGNED AS PARENT/LEGAL GUARDIAN OF

_____. **Do Hereby authorize the Summer Wrestlers= Winter Champions Wrestling Camp or its employees, directors, coaches, officials, and adult volunteers, ("Camp Staff") to provide routine health care, administer prescribed medications as needed, administer non-prescribed over-the counter medication, consent to an X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital, including emergency room, care (collectively referred to as "medical care") to be rendered on the Minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the State of California.**

THE UNDERSIGNED UNDERSTANDS AND AGREES that the Camp, the La Costa Canyon High School Foundation, and its directors, officers, employees, and agents ("Foundation") shall not be legally or financially liable for any bill or medical expense incurred or any cause of action or claim arising from any medical care or the lack of medical care.

THE UNDERSIGNED AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS the Camp and the Foundation from any claim made by or behalf of the Minor or the Minor's heirs, parents/guardians arising out of any medical care provided.

Date_____ Parent/Guardian_____

IS THE CHILD COVERED BY MEDICAL INSURANCE: __ YES__ NO

INSURANCE COMPANY NAME:_____

POLICY NUMBER:_____

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____

Home Telephone

Other Telephone

Non-Parent/Guardian _____

Home Telephone

Other Telephone

I hereby voluntarily and without compensation authorize the Camp to record and use the likeness of my child and to publicize and display such likeness without notice or payment of any royalty, fee, or compensation of any character to me for the use of the likeness.