



PERMISSION TO PROVIDE MEDICAL TREATMENT AGREEMENT

I HEREBY give my permission for my son/daughter, _____ to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in the Athletic Republic™ Program. I understand that the personnel of the Athletic Republic™ Program use only those procedures, which are within their training, credentialing and scope of professional practice to prevent, care for and rehabilitate injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this Permission to Provide Medical Treatment Agreement.

I acknowledge that the participant is under the age of 19. I have reviewed the information provided and certify it to be true and correct.

I consent to _____ participating in the evaluation and program.

Signature of Parent/Guardian/Conservator

Date