



## Flagstaff Figure Skating Club Parental Medical Release

I, \_\_\_\_\_ (printed Name of Parent/Legal Guardian), do hereby authorize Flagstaff Figure Skating Club (FFSC), its agents, administrators, directors, officers, or volunteers to obtain whatever medical treatment, aid, or care deemed necessary on an emergency basis for my minor child, \_\_\_\_\_ (Printed Name of Child), if said minor child should be injured or stricken ill while participating in a FFSC activity. **This release shall be in effect until replaced by an updated version.**

**The FFSC does not carry individual accident or health insurance. Please complete the following:**

My child's doctor is: \_\_\_\_\_ Phone # \_\_\_\_\_

My Medical Insurance Company is: \_\_\_\_\_

Policy #: \_\_\_\_\_ ID #: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

### Signatures:

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date