

## Medical Treatment Waiver

(Please Print Clearly)

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Date Of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Employer: \_\_\_\_\_

ID Number: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Is your insurance a HMO? (Circle) Yes No

As the parent / legal guardian of \_\_\_\_\_, I give permission for the medical staff to treat her/him should an injury occur while she/he is participating in the Les Schwab Bowl during June 21, 2008

X \_\_\_\_\_  
(Parent / Legal Guardian Signature)

\_\_\_\_\_  
(Date Signed)