

PUGET SOUND POLO

Permission Form

This form is my permission for my daughter _____ to travel to Puget Sound Polo Club competition with the staff, parents and athletes.

I am the parent or legal guardian of the child named below and acknowledge that my child has permission to participate in all activities of the Puget Sound Polo Club, including practices, games, tournaments and other events and related travel. I certify my child is physically fit and able to engage in all activities with the Puget Sound Water Polo Club and has full medical insurance. If, during the course of my child's activities with the club, he or she becomes ill or sustains injury, I authorize medical and dental care and consent to and authorize any adult assisting with Puget Sound Polo Club to seek and obtain qualified emergency medical and dental services, care and treatment for my child. I agree to be fully responsible for any and all expenses incurred for or related to such medical and dental emergency services, care and treatment and include on this release the information relating to my insurance company. I authorize any adult involved with Puget Sound Polo Club to rely upon such information.

Child's Name

Child's Date of Birth

Parent/Legal Guardians Printed Name

Parents Signature

Doctors Name _____

Doctors Telephone _____

Dentists Name _____

Dentists Telephone _____

Medical Insurance Information

Insurance Company/Plan Name _____

Member # _____

Subscribers Name _____

Insurance Company's Phone number _____