



## MEDICAL RELEASE

### Competitor Information

Name \_\_\_\_\_ Address \_\_\_\_\_

Birth Date \_\_\_\_\_ City, State \_\_\_\_\_

**Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Insurance Coverage

Company \_\_\_\_\_ Identification # \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Medical History

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Other Medical Information \_\_\_\_\_

### Medical Release

Parent hereby authorizes US Skiing, USSA/Intermountain Division, Teton Valley Ski Education Foundation/Grand Targhee Ski Team, (hereafter GTST) and/or their named coaches, to secure any hospital, medical, dental or surgical care, treatment and/or procedures for the above named competitor. Parents also consent that in the event of injury to the competitor, coaches can sign for the competitor to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. The coaches shall notify Parent at earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedures to encourage the physicians and coaches to exercise their best judgment as to the requirements of such care, treatment, and/or procedures. Parent specifically indemnifies and holds harmless US Skiing, USSA/Intermountain Division and/or the GTST, their coaches from any and all costs arising out of such care, treatment and/or procedures.

\_\_\_\_\_  
Father's or Guardian's Signature

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Mother's or Guardian's Signature

