

Parental/Guardian Signature Required for Entry

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event I cannot be reached in an emergency during the Youth Extreme event on May 2nd, 2009, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Scarlet Thread Ministries, Premier Sports Center and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Scarlet Thread Ministries, Premier Sports Center, its leaders, employees, and any event volunteers liable for damage, losses, or injuries incurred by the subject of this form.

Date _____

Parent/Guardian Signature _____

Signature of Participant (if over 18 yrs.) _____

Emergency Phone # _____

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