

MEDICAL INFORMATION

(Please provide a copy of your insurance.)

| | | |
|--|----------------------|---------------------------|
| Physician: | Hospital Preference: | Phone no.: () |
| Insurance carrier: | | Phone no.: () |
| Subscriber's name: | Birth date: / / | Group no.: Policy no.: |
| Name of secondary insurance (if applicable): | Subscriber's name: | Group no.: Policy no.: |

**If there are any known illnesses, injuries or health concerns which may affect participation, please include the information on an attached document.*

IN CASE OF EMERGENCY

| | | | |
|---|--------------------------|-----------------------------|------------------------|
| Emergency Contact (if parents cannot be reached): | Relationship to athlete: | Home/Cell phone no.: () | Work phone no.: () |
|---|--------------------------|-----------------------------|------------------------|

POWER TO AUTHORIZE MEDICAL TREATMENT

I, the undersigned, as and/or legal guardian of _____ ("my child") do recognize that medical treatment may become necessary during my child's travel and participation with the **La Crosse Area Youth Ski Association**, hereby referred to as "LAYSA," and to avoid delay of any necessary medical treatment and/or that which would alleviate physical discomfort attendant to physical injury, HEREBY EMPOWER the coaches of the LAYSA, or other designated persons to authorize on my behalf recommended medical treatment of my child by any staff member of any hospital, medical doctor, emergency medical technician and/or other paramedic. This AUTHORIZATION is complete I and of itself and is fully operative upon my signature for the duration of my child's participation with the **LAYSA**.

Patient/Guardian signature

Date

Patient/Guardian signature

Date

RELEASE OF CLAIMS

We, _____ and _____ parents or guardians of

_____ understand that competitive ski racing, practicing for ski racing and all of the activities taking place in order to prepare for ski racing are dangerous and physically demanding activities and that serious personal injuries a possibility. We accept the inherent dangers of physical participation in such activities and do hereby agree to allow his/her participation in such activities and do hereby release the **La Crosse Area Youth Ski Association, its incorporators, directors, contractors, and coaches, Mt La Crosse, and any and all other present or future employees, coaches, contractors, and all volunteers**, who are assisting with the management or operation of either Corporation or its activities, in any way, and agree to hold said parties free from any and all claims, demands, causes of action, and/or attorneys fees arising out of or in any way related to any personal injury or property damage sustained by/to our child while being transported to or from such activities or while involved in such activities.

We have read and understand this release and voluntarily, willingly, and knowingly, have signed this release as evidence of our agreement to all its terms.

Patient/Guardian signature

Date

Patient/Guardian signature

Date