



Temporary Guardian & Medical Release Form

Minors (under the age of 18 years old) attending the Spring/Fall (circle one) Regional, in _____ (list City & State), without their parents or normal legal guardian, must have a temporary guardian designated for the weekend of the regional. The parents of the unaccompanied minor who is attending the Spring/Fall (circle one) Regional, in _____ (list City & State) must fill out the following form. **This form MUST BE NOTARIZED.** The temporary guardian must be at least 21 years of age. This form must be included with your registration form or your packet will be returned to you without processing. Please complete the following information:

Minors Name: _____ Date of Birth _____
Social Security #: _____
Health Plan Name: _____
Health Plan Policy #: _____ Group #: _____
I give my permission for my minor (name _____) to receive full medical treatment in the event of an emergency. Exceptions (if any): _____

I authorize (legal guardian name) _____ to be the legal guardian for my minor during theses dates: _____

Signature of Parent _____ Date _____
Parent's Name _____
Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____ Work Phone (_____) _____
Cell (_____) _____ Fax (_____) _____
E-mail _____

Name of Guardian (must be over 21 years of age) _____
Address _____
City _____ State _____ Zip _____
Signature of Guardian _____ Date _____

Allergies of minor _____
Current listing of medications _____
Other medical needs/or concerns _____
Physicians Phone Number: (_____) _____

Notary Public Stamp/Signature	Date Commission Expires
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Please return this form with your Registration