



# 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*