

# MINOR – MEDICAL CONSENT FORM

Minors Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I understand that Tours / New England Action Sports Inc., and all ski shops promoting these trips are not responsible for any injuries to persons or damage to property or broken equipment sustained on trips. The above-mentioned companies act only to provide services and have no direct control over the various aspects of the trip such as motor coach or ski operations. I give my permission for medical care as prescribed by a physician in case of an emergency if I cannot be contacted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Is there anything else we need to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM IS GOOD FOR THE ENTIRE SKI SEASON**

KEEP YOUR COPY IN A ZIPLOC BAG WITHIN THE POCKET OF YOUR  
JACKET WHILE SKIING, BLADING, OR SNOWBOARDING ON ALL  
TRIPS WHEN A PARENT OR GUARDIAN IS NOT WITH YOU.