



P.O. Box 6212  
Corpus Christi, Texas 78466-6212

## EMERGENCY AUTHORIZATION AGREEMENT

Name of player \_\_\_\_\_ Age: \_\_\_\_\_

### **TO ANY HOSPITAL, PHYSICIAN, OR OTHER CONCERNED PARTY:**

"The undersigned is a parent, guarding or managing conservator of \_\_\_\_\_ a minor, \_\_\_\_\_ years of age, who is a registered member of Little Miss Kickball International, Inc. In the event my daughter should need emergency medical treatment requiring the consent of a parent, guardian or managing conservator, and it is the opinion that there is not sufficient time to obtain my consent, then, under these circumstance, I authorize

\_\_\_\_\_ to act as temporary guardian of my daughter and authorize him/her to consent to such surgery and other medical treatment as is recommended by the attending physician or emergency medical personnel as the case may necessitate."

"By my signature below, I agree to assume all responsibility for paying all reasonable and necessary costs and expenses of such treatment, and I further agree to indemnify and hold harmless, Little Miss Kickball International, Inc., it's Board of Directors and it's employees, chartered leagues and their Board of Directors, as well umpires, team coaches and sponsors."

\_\_\_\_\_  
(Signature of Parent, Guardian or Managing Conservator) Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_  
Child's Physician, Address and Phone No.

\_\_\_\_\_  
Medical Problems/Allergies/Medication

Religion (Optional): \_\_\_\_\_