



MEDICAL RELEASE

DATE: _____

I authorize Mission Ridge Ski Team and their representatives to seek appropriate medical attention as needed for my child, _____, while traveling with Mission Ridge Ski Team.

Name (printed)

Signature

PARENT CONTACT INFORMATION:

Street Address

City

State

Parent Primary Phone Number

Parent Additional Phone Number (optional)

INSURANCE INFORMATION:

Provider

Name of Insured

Group Number

ID Number

Insurance Phone Number