



2010  
USSA XC  
JUNIOR OLYMPICS  
PRESQUE ISLE, MAINE

For Organizing Committee Use:

Athlete Name: \_\_\_\_\_

Team: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

### Consent of Parent or Guardian for Medical or Emergency Treatment

I, \_\_\_\_\_ (parent or legal guardian name), pursuant to the authority vested in me as \_\_\_\_\_ (parent or legal guardian) of \_\_\_\_\_ (athlete name), do hereby authorize a practicing physician, physician assistant, or nurse practitioner to exercise, for me and on my behalf, all my rights and duties with reference to consenting to appropriate medical, surgical or hospital treatment deemed necessary for the medical or emergency care of my child.

Further, by my signature below, I hereby release, forgive, and hold harmless the 2010 USSA XC Junior Olympics Organizing Committee, the Nordic Heritage Sport Club, its officers, trustees and volunteers and Maine Winter Sports Center from any and all liability associated with any and all activities associated with the 2010 USSA XC Junior Olympics being held in Presque Isle, Maine.

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Date of athlete's birth: \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

**NOTE: A completed and signed copy of this form must be presented to the Organizing Committee upon team registration before an athlete will be issued a credential to participate in the 2010 USSA XC Junior Olympics.**

