

MEDICAL TREATMENT AUTHORIZATION

I, we, the undersigned, parent(s)

of _____

a minor, do hereby authorize any adult instructor of Justin Russo Golf Academy and Bayonet and Black Horse golf courses as an agent for the above minor to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at the hospital. This authorization is given pursuant to Provisions of Section 25.8 of the Civil Code of California. This authorization is to include transportation by a Justin Russo Golf Academy and Bayonet and Black Horse golf courses staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Justin Russo Golf Academy and Bayonet and Black Horse golf courses staff deem this is necessary. I, we, the undersigned, also authorize said physician or hospital to release student to Justin Russo Golf Academy and Bayonet and Black Horse golf courses staff upon completion of treatment. This is given pursuant to Section 1283 of the health and Safety Code of California.

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

We, the staff of Justin Russo Golf Academy and Bayonet and Black Horse golf courses, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of golf and activities performed in our curriculum. I acknowledge that I fully realize the dangers of participating in such activities, and fully assume all risks associated with my child's participation in such activities, including, without limitation, any and all risks of bodily injury to my child, including medical or hospital bills, permanent or partial disability, death, and damages to my property, caused by or arising from my child's participation in the programs.

RELEASE

1. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Justin Russo Golf Academy and Bayonet and Black Horse golf courses including instruction, open workouts, running and conditioning, exhibitions, competitions, or clinics in which he or she may be participating or while traveling to or from any activity sponsored by Justin Russo Golf Academy and Bayonet and Black Horse golf courses.
2. I/ We recognize that it is the responsibility of each participant to practice safe golf and will instruct my/our child/children accordingly.
3. I/ We fully understand and will direct the minor participant that there are risks and dangers associated with participation in golf events including but not limited to bodily injury, partial and/or total disability and death.
4. These risks may be caused by the negligence of the participant or negligence of others and there may be other risks not known to us at this time.

5. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Justin Russo Golf Academy, Bayonet and Black Horse golf courses and/or its representatives whether paid or volunteer.

X _____ PARENT(S)/GUARDIAN
(Signature/Relationship)

DATE _____

X _____ WITNESS
(Signature)

DATE _____

INSURANCE POLICY INFORMATION

The above-named child is covered by health insurance: _____ Yes _____ No

If yes, provide the following information:

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____

Address _____ Relation _____

City/State/Zip _____ Occupation _____

P.H.'s Employer _____

Employer's Address _____

Insurance Company _____

Insurance Company's Address _____

Policy # _____ Plan # _____

DOES THE PARTICIPANT CURRENTLY HAVE ANY OF THE FOLLOWING?

(if yes, please describe)

Drug allergies: _____

Food allergies: _____

Allergies to insect bites: _____

Special dietary needs: _____

Asthma: _____

Frequent headaches: _____

Dizziness or seizures: _____

LIST:

Other health problems: _____

Limitations of Activities: _____

Medications the camper is currently taking: _____

(Please note: Our staff cannot administer any medications, prescription or non-prescription to campers. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the camper will need to take medications while attending our program, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated.)

Will your son/daughter require any specific treatment for a medical/emotional condition while participating in our program? ____Yes____No If yes, please explain.

PHYSICIAN'S INFORMATION

Please PRINT the following information:

Physician's Name: _____

Address: _____

City/State/Zip _____

Telephone _____