

## **EMERGENCY MEDICAL PERMISSION FORM FOR MINORITY AGE PLAYERS 10-15**

The undersigned parent or guardian hereby gives permission to VIKING PAINTBALL to authorize emergency medical treatment as may be deemed necessary for the child named below, while playing paintball games at VIKING PAINTBALL from this date through year end.

\_\_\_\_\_  
Name of Player (age 10 to 15)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

X \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_  
Hospitalization Insurance Policy Number

\_\_\_\_\_  
Insurance Company