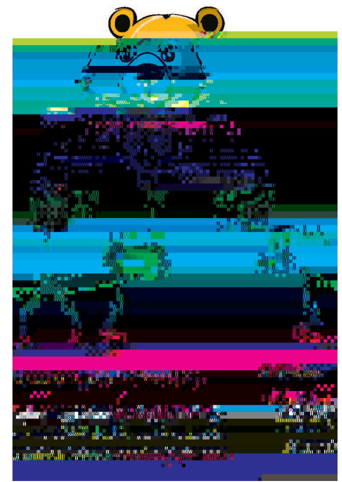

PARTICIPANT

Name:____

Permanent Address: ____

Allergies:____

Pre-existing Conditions: ____

EMERGENCY CONTACTS

Name:____

Phone: Daytime__________________________Cellular_________________

Name:____

Phone: Daytime_________________________Cellular _________________

3$57,&,3$17¶6 5(*8/$5 3+<6,&,$1

Name:____

Phone:____

I have read and understand the above Authorization for Medical Treatment:

413-79 6-2