

I, _____, Parent/Guardian of _____, Born on _____, do hereby give my consent to **Randy Simpson, Lisa Simpson, and/or Staff at Randy's Attack System Wrestling Camp**, to secure and authorize such emergency medical treatment as the above name might require while under the supervision of said care provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parent/ guardian, etc. in case of an emergency.

In the event of an emergency, it would be necessary to have the following information:

Doctor's Name: _____ Phone Number: _____

Preferred

Hospital: _____

Address: _____ Phone: _____

Dentist's Name: _____ Phone Number: _____

If the parent/ guardian is unavailable, other relatives or persons to contact in emergency:

Name: _____

Address: _____ Phone: _____

Relationship: _____

Signature of parent/guardian : _____

Date: _____