

MEDICAL PERMISSION FORM

The undersigned parent or guardian hereby gives permission for: _____
to authorize emergency medical treatment as may be deemed necessary for the child named below, while playing paintball games at _____

from this date _____ thru year end.

NAME OF MINOR AGED PLAYER

ADDRESS

CITY, STATE ZIP

TELEPHONE

SIGNATURE OF PARENT OR GUARDIAN

MEDICAL INSURANCE POLICY NUMBER

INSURANCE COMPANY

IN ADDITION TO THIS FORM, THE NATIONAL PAINTBALL ASSOCIATION WAIVER FORM #501 MUST BE SIGNED BY A PARENT OR GUARDIAN, AS WELL AS THE MINORITY AGE PLAYER