

AUTHORIZATION FOR TREATMENT OF A MINOR

I, the undersigned, as parent/legal guardian of the above minor hereby authorize the BROTHERHOOD COMMUNITY YOUTH SPORTS LEAGUE or the delegated representative to consent to medical or dental treatment and/or hospital care to be rendered to said minor upon the advice of a licensed physician or dentist. This authorization is pursuant to the provisions of Section 25.8 of the Civil Code of California and California Practices Act. It is understood that if time and circumstances permit, the BROTHERHOOD COMMUNITY YOUTH SPORTS LEAGUE, will endeavor, but it is not required to communicate with me prior to such treatment.

I, the undersigned, further agree the Brotherhood Community and/or its designated representative(s) are not legally or financially liable for any claim arising from consent given in good faith in connection with such diagnosis or treatment advice.

This authorization and consent to treatment for the above mentioned minor is given in advance of need to the Brotherhood Community event, activity, or program in which my child is enrolled. This authorization shall remain effective as long as my child is enrolled in any Brotherhood Community event, activity or program, unless revoked sooner.

EMERGENCY TREATMENT AND TRANSPORTATION AUTHORIZATION

Policy/Medical number for insured _____ for Child _____

Insurance/Medical Company _____

Insured's Employer _____ Employee's Phone _____

Physician _____ Phone _____

I have read this release. Signature _____ Date _____

BEHAVIOR

The Brotherhood Community Youth Sports League reserves the right to remove any participant from attending the games or practice if they can conduct themselves in a positive manner. This includes parents, siblings and spectators who may be accompanying you. You are responsible for all attending parties behavior.