



NATIONAL PAGA JUNIOR TOURNAMENT CONSENT AND LIABILITY RELEASE FORM

(One per Child)

I, _____ hereby give my consent for any Doctor, Hospital and or Qualified First Aid person to give emergency medical treatment or first aid to my child, _____ age _____.

As parent/legal guardian of the above name child, I hereby release from liability those persons who render first aid, administer emergency treatment or those persons at hospitals, clinics or doctors who treat the above child. Further, I hereby release from liability the Pan American Corpus Christi, Texas.

Name of Insurance: _____

Policy No.: _____

Doctor's Name: _____

Doctor's Phone No.: _____

Parent / Legal Guardian's Signature

Date: _____

Phone number where you may be reached _____

Please list allergies including allergic medication and other information including physical handicaps and doctor's name on this form.