



# 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 of first aid to my child, \_\_\_\_\_ age \_\_\_\_\_.

As parent/legal guardian of the above child, I hereby release from liability those persons who render first aid, administer emergency treatment of those persons as hospitals, clinics or doctors who treat the above child. Further, I hereby release from liability the Pan American Golf Association of Houston, TX.

Name of Insurance: \_\_\_\_\_

Policy No: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone No: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature

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.