

**2010 YWCA Indoor Field Hockey Program
POWER TO AUTHORIZE MEDICAL TREATMENT**

I, the undersigned, as and/or legal guardian
of _____

(“my child”) do recognize that medical treatment may become necessary during my child’s participation with the 2010 YWCA INDOOR Hockey Leagues or the 2010 YWCA INDOOR TOURNAMENT TEAMS to avoid delay of any necessary medical treatment and/or that which would alleviate physical discomfort attendant to physical injury, HEREBY EMPOWER the coaches and/or organizers of the YWCA Indoor Hockey Program or other designated persons to authorize on my behalf recommended medical treatment of my child by any staff member of any hospital, medical doctor, emergency medical technicians and/or other paramedic.

This AUTHORIZATION is complete in and of itself and is fully operative upon my signature for the duration of my child’s participation with the YWCA Indoor Hockey Program and any practices held on any premises of the Hempfield Twp Sports Complex. or the Monroeville Sports Center in Monroeville, Pa. I agree not to seek damages or take action against the physician or health care facility for treatment rendered on an emergency basis and hold harmless those owners private or public of facilities at which practices or meetings for the League or Teams might be held including but not restricted to those listed HEREIN, the YWCA of Westmoreland County but request that I be contacted at the earliest convenience.

Dated this _____ day of _____, 2009/2010

Signature of Legal Guardian or
Parent: _____