

Sun Valley Road and Dirt Kids' Mountain Bike Camp Summer 2016

Name of Participant: _____ Age _____

Parents' Names: _____

CONSENT TO MEDICAL TREATMENT. In the event that medical or dental care is needed for the cyclist while the cyclist is participating in program under the supervision of the RDC, the coach or other representative of the RDC, shall exercise reasonable efforts to contact the parent at the following telephone numbers:

Mother's Work phone: _____

Mother's cellular phone: _____

Father's Work phone: _____

Father's cellular phone: _____

Parent hereby consents to the RDC, its agents and employees ,securing any hospital, medical, dental or surgical care, treatment and/or procedures for cyclist under the instructions and directions of any of the following physicians:

Dr. _____ phone _____

Dr. _____ phone _____

If none of the physicians listed above can be timely contacted to provide such care, treatment and/or procedures, Parent hereby consents the RDC, its agents and employees, securing reasonably required hospital, medical, dental, or surgical care, treatment and/or procedures from such medical and dental professionals as may be appropriate and required under the circumstances. The RDC shall notify Parent at the earliest possible time during or after such care, treatment and/or procedure and encourage the above-named physicians, other medical and dental professionals, the RDC, its officers, employees and agents to exercise best judgment as to the requirements of such care, treatment and/or procedure. Parent specifically indemnifies and holds harmless the RDC, it's officers, agents and employees from any and all costs arising out of such care, treatment and/or procedure.

INSURANCE COVERAGE: Company _____
Policy No. _____ Identification No. _____

MEDICAL HISTORY:

Allergies _____

Medications _____

Other Medical Information _____

Name of Child _____ Date of Birth _____

Parent Signature _____ Date _____

Print Parent Name: _____