



America's Showcase **Consent to Treat**

This is to certify that on this date, I _____, as

parent or guardian of _____, give my consent to

the *America's Showcase* and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participation in the *America's Showcase* sanctioned event.

If said athlete is covered by any insurance company, please complete the following:

Name of insurance company _____

Address: _____

Policy Number: _____

Signed: _____
(parent/guardian)

Relationship to athlete: _____

Home Address: _____

Phone: _____ **Date:** _____