

MEDICAL RELEASE FORM

I, _____ the undersigned parent/guardian
(Printed name of Parent/Guardian here)
of _____, hereby give permission to
(Printed name of minor child/participant here)
BlackCat Paintball Productions to authorize any emergency medical
treatment they feel is deemed necessary in case of an accident, for the
child named above, while participating in a BlackCat Paintball
Productions event at _____ .
(Print name of field here)

**** Please print legibly all of the areas below. ****

ADDRESS

CITY,

STATE

ZIP

HOME TELEPHONE

WORK PHONE

EMERGENCY PHONE

SIGNATURE OF PARENT OR GUARDIAN

MEDICAL INSURANCE POLICY NUMBER

INSURANCE COMPANY

AGE OF MINOR _____

ALLERGIES: Y N _____

(Please list any known allergies here)