AUTHORIZATION TO TREAT A MINOR
WHILE TRAVELING WITH CHAWP WATER POLO CLUB
March 26 through April 5, 2026

My child, _____, is a member of CHAWP Water Polo Club and has my permission to participate in all activities including but not limited to practices, scrimmages, games, tournaments while traveling in Europe. I certify that my child has full medical insurance. I also certify, to the best of my knowledge that my child is physically fit and able to participate in sporting events.

I acknowledge that water polo is an extreme sport and can lead to minor or serious bodily injury. With full understanding of the potential risks, I hereby assume those risks of participation. In the event of an injury, I assume financial responsibility for the bills incurred.

In the event of injury or sudden illness, I as legal guardian, hereby grant my permission for my child to be treated by a qualified and licensed physician in the event that immediate treatment is necessary, as determined by the attending physician. Permission for treatment is authorized in the event that I am unable to be reached following a reasonable effort to do so. I understand that it is my responsibility to inform the club administration when my contact information changes.

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____

Date Signed _____/_____/____

PLEASE COMPLETE:

Athlete's Name _____

Home Phone ( )_____

Mother's Name _____ Father's Name _____
Mother's Cell ( ) _____ Father's Cell ( ) _____

Other Emergency Contact _____ Phone ( ) _____
Relationship:_____ Additional Phone ( )_____

Physician's Name _____ Phone ( ) _____

Health Insurance Co.: _____Group #_____
Phone ( )_____

List all medications/dose/frequency taken:
_____
_____

Allergies and/or other medical conditions:
_____
_____
_____