

**Crescent Valley Ski Racing Team**  
**Emergency Medical Release and Treatment Information**  
 (To be completed by Parent or Guardian)

I, \_\_\_\_\_ of  
 Parent/Guardian Relationship

\_\_\_\_\_, hereby authorize any duly authorized doctor,  
 CVSRT /Racer  
 emergency medical technician, paramedic, nurse, ski patrol employee, hospital, infirmary  
 or other medical facility to treat said minor for the purpose of attempting to treat or  
 relieve any injuries received by said minor while participating in or observing Crescent  
 Valley ski racing Team activities. The above listed minor has the following medical  
 conditions/allergies/special needs:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature Date

\_\_\_\_\_  
 Home Phone Work Phone Cell Phone

\_\_\_\_\_  
 Emergency Contact Person #2 Relationship

\_\_\_\_\_  
 Home Phone for #2 Contact Work Phone Cell Phone

\_\_\_\_\_  
 Emergency Contact Person #3 Relationship

\_\_\_\_\_  
 Home Phone for #3 Contact Work Phone Cell Phone

Medical Insurance Provider: \_\_\_\_\_

Policy Number \_\_\_\_\_

Phone Number for Prior Approval \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

**IMPORTANT-PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF  
 YOUR INSURANCE CARD TO THIS FORM**