



Outdoor Recreation Paintball Medical Form Fort McCoy, WI

The undersigned parent or guardian hereby gives permission for THE OUTDOOR RECREATION BRANCH to authorize emergency medical treatment as may be deemed necessary for the child named below, while playing games at THE OUTDOOR RECREATION BRANCH from this date _____ through year end.

NAME OF PLAYER (13-17)

TELEPHONE

ADDRESS

CITY, STATE

ZIP

SIGNATURE OF PARENT OR GUARDIAN

HOSPITALIZATION INSURANCE POLICY NUMBER

INSURANCE COMPANY

In addition to this form, A WAIVER MUST BE SIGNED BY PARENT OR GUARDIAN as well as by the minority age player.