2019 Daisy National BB Gun Championship Match

July 3 – July 6, 2019

MEDICAL RELEASE FORM

Each competitor must have a signed Medical Release Form on file before they will be allowed on the firing line. This form is to be filled out for each competitor and signed by a parent and/or Legal Guardian.

| PLEASE PRINT | | |
|---------------------------------|---|----------------|
| Team Name | | |
| City | County | State |
| Competitor's name | | |
| Parent's or legal guardian's na | me | |
| Mailing Address | | |
| City | State | _ZIP |
| Home phone | Daytime phone | |
| Mobile phone | Fax | |
| E-mail address | | |
| | on to participate in the following competitions July 3 – July 6 ,2019: | - |
| 2019 Daisy Natio | onal BB Gun Championship Match - 2019 Ch | ampion's Match |
| Parent/Legal Guardian's signa | ture | Date |

Although everything possible will be done to prevent accidental injuries, I realize that a medical emergency could arise requiring that my child receives First Aid or emergency medical treatment. The following will authorize medical treatment for my child:

CONSENT FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

I hereby authorize the staff of the DNBBGCM to secure any First Aid or Emergency Medical Treatment as deemed necessary to care for my child. This authority shall extend for the duration of all competitions as listed above, to be held in Rogers, Arkansas.

Any special medical conditions and/or allergies to penicillin or other medications should be listed on a separate sheet and included in the registration packet. Please describe in detail any medical conditions and/or allergies.

Parent/Legal Guardian's signature ____

Date _____

Mail this form to: 2019 DNBBGCM Registration Daisy Outdoor Products P.O. Box 220 Rogers, AR 72757 ATTN: Hannah Schmidt More information is available at <u>http://www.daisy.com/daisy-nationals</u> or by e-mail request to nationals@daisy.com