

EMERGENCY MEDICAL AUTHORIZATION: (Agent: Authorized Agent of Palos Verdes Water Polo Club), I/We, parent(s)/person(s) having legal custody/legal guardian of a minor, do hereby authorize and consent to medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered by, a duly licensed health care provider or dentist or by the medical staff of any hospital. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the minor including, but not limited to, whether such diagnosis or treatment is rendered at the office of said health care provider, dentist or at said hospital. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority to the aforesaid Agent to give specific consent to any and all such diagnosis, treatment, or hospital care which a health care provider or dentist meeting the requirements of this authorization may in the exercise of his/her best judgment deem advisable. I/We agree to be financially responsible for all costs associated with such treatment. This authorization is given pursuant to the provisions of Sections 6910 and 6550 of the Family Code of California. This authorization shall remain effective until the athlete is no longer registered with the Club, unless sooner revoked in writing delivered to said agent(s).