

# MEDICAL PERMISSION FORM

The undersigned parent or guardian hereby gives permission for: \_\_\_\_\_  
to authorize emergency medical treatment as may be deemed necessary for the child named below, while playing paintball games at E.T. Paintball from this date \_\_\_\_\_ thru year end.

\_\_\_\_\_  
NAME OF MINOR AGED PLAYER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
MEDICAL INSURANCE POLICY NUMBER

\_\_\_\_\_  
INSURANCE COMPANY

**IN ADDITION TO THIS FORM, THE NATIONAL PAINTBALL ASSOCIATION WAIVER FORM #501 MUST BE SIGNED BY A PARENT OR GUARDIAN, AS WELL AS THE MINORITY AGE PLAYER**