



_____ (Diver's Last Name)

DIVE Cincinnati, Inc.
Authorization to Consent to Medical Treatment
For A Minor Child – 2009-2010 Season

(THIS FORM MUST BE NOTARIZED)

I / We _____ and _____
(Guardian) (Guardian)

do hereby state I am / we are the legal guardian(s) of:

_____, Age _____.
(Diver's Name) (Age)

I / We authorize *DIVE Cincinnati, Inc.*, one of its coaches or representatives to consent to any examination, anesthetic, X-ray, medical or surgical diagnosis or treatment and/or hospital care to be rendered to the above named minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact us are unsuccessful.

This consent is granted for a **period of one (1) year from date listed on form.**

_____ Date ____ / ____ / ____
(Parent or Guardian signature)

(Witness signature)

_____ Date ____ / ____ / ____
(Parent or Guardian signature)

(Witness signature)

Notary

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day _____ 20 _____

(Notary signature)

My commission expires _____ 20 _____

**** NOTE: This signed and notarized Authorization to Consent to Medical Treatment Form and the Emergency Information Form will be kept at the NKU Pool and / or taken to diving meets, Bubbler Trips, etc. in the event that an accident occurs and the parent(s) or guardian(s) cannot be reached. These forms must be fully and properly completed and on file with DIVE Cincinnati, Inc. prior to any participation in the DIVE Cincinnati Program.**