

**Authorization for Emergency Medical Treatment: Year \_\_\_\_\_**

**Parents: This form, signed by you, authorizes emergency medical treatment for your minor child in case of necessity. It authorizes those persons of supervision to act for you regarding said treatment.**

AS THE PARENT(S) OR LEGAL GUARDIAN OF THE MINOR CHILD NAMED BELOW, I HEREBY GIVE CONSENT FOR SAID CHILD TO RECEIVE ALL EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN. THIS AUTHORIZATION INCLUDES, BUT IS NOT LIMITED TO, ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL, OR SURGICAL DIAGNOSIS OR TREATMENT, AND HOSPITAL CARE RECOMMENDED FOR THE WELL-BEING OF THIS CHILD.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. It is given to provide authority and power on the part of the licensed medical practitioners to give, and we do hereby give specific consent to any and all such diagnosis, treatment or hospital care which the physician in his/her best judgment may deem advisable. I/We further agree to hold any hospital, doctor, or their representatives free and harmless from any liability arising out of the use of this authorization.

A copy of this authorization for care shall be as valid as the original.

Full Name of Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's/Guardian/s Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group#: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Date of Last Tetanus shot (if known): \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical condition(s) of which emergency staff should be aware: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Coach: \_\_\_\_\_

A copy of this form is to be available at all club or team functions!

**OCEAN CITY HIGH SCHOOL SURF CLUB STUDENT MEMBERSHIP**

*(Please print neatly.)*

**School Year:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**City, Zip:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **This will be his/her** \_\_\_\_\_ **year of participation on the team.**

Please give an E-mail address that will be used to inform students and parents of information in a timely manner: \_\_\_\_\_

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**OCHS Surf Team Checklist**

The following is a checklist of requirements that must be fulfilled in order to participate in the OCHS Surf Team:

- Pass the required Swim Test.
- Submit a "Complete Physical Form Packet" to the high school nurse.
- Submit this "Membership Form", the "Authorization for Emergency Medical Treatment Form", and the "Liability Waiver/Hold Harmless Form" to the Surf Team Coach/Advisor.
- Must remain on the "Eligibility List".

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**Please list any information, medical or other, of which it may be advisable for the Surf Club or Team coach to be aware:** \_\_\_\_\_

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**I HEREBY (DO – DO NOT) GIVE MY MINOR CHILD PERMISSION TO DRIVE TO PRACTICE.**

**Parent/Guardian:** \_\_\_\_\_ **Signature and Date**

## Liability Waiver / Hold Harmless Form

**THIS RELEASE LIMITS YOUR RIGHTS TO RECOVER DAMAGES IN CASE OF AN ACCIDENT.  
READ IT CAREFULLY BEFORE SIGNING.**

In applying to participate in the Interscholastic Surfing Federation, its contests, the \_\_\_\_\_ Surf Club/Team, its practices, tryouts and any other related events or meetings, I hereby certify and agree that:

1. I will inspect each site and assure myself that the area is safe for surfing and further agree that I will not allow a minor child to surf in the contests, practices or tryouts unless I am satisfied that the area and conditions are safe;
2. I will further read and comply with the Ocean City School District rules and regulations;
3. I will note the existing weather, beach and ocean conditions;
4. I voluntarily assume all risks arising from conditions related to the contest, practice, or tryout sites;
5. In consideration of your acceptance of my minor child's participation I, intending to be legally bound, hereby, for myself, my minor child, heirs, executors and administrators, hold harmless and release and forever discharge the participating schools and school districts, and any agent or official connected with the Surf Club from all liability for injuries and damage whatsoever, arising from my minor child's presence or participation in the above described events.
6. I certify that I have properly notified the aforementioned entities, in writing, of any medical information, allergies or other medical, mental or any other information deemed important or proper regarding my minor child that may limit his/her ability to participate in the aforementioned activities;
7. I attest that my minor child is physically fit and has sufficiently trained for these events and do hereby grant the sponsors such release as described herein.

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### TO THE PARENTS OR LEGAL GUARDIANS OF PARTICIPANTS UNDER 18 YEARS OF AGE

**I HEREBY CERTIFY THAT I AM THE PARENT, OR LEGAL GUARDIAN OF THE PARTICIPANT NAMED ABOVE, AND DO HEREBY GIVE MY CONSENT WITHOUT RESERVATION TO THE FOREGOING AND AGREE TO HOLD THE AFOREMENTIONED HARMLESS FROM ANY LIABILITY.**

PARENT OR GUARDIAN'S NAME(S): (Please print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

MEMBER'S SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_