



MARA Team Travel Release and Insurance Information

I hereby give consent for my child, _____, age _____, to travel to _____ from _____, 20____ to _____, 20____.

The responsible person will be Jean Schneider and/or Stuart Warren of the Mt. Ashland Racing Association.

_____	_____
Parent /Guardian	Date
_____	_____
Parent /Guardian	Date

_____ Address _____

_____	_____	_____
Home Phone	Work Phone	Cell Phone

WE DO HEREBY AUTHORIZE any licensed physician and/or responsible staff member of any hospital in any state to administer whatever medical or surgical treatment, or therapeutic procedures they deem necessary for the diagnosis and treatment of the minor named above. We consent to any examination, administration of any medication or anesthetic and medical and/or surgical treatment or other hospital services rendered under the general or special instruction or supervision of such physician or hospital staff person. This release is valid for the period from _____, 20____ to _____, 20____.

INSURANCE CO.: _____ POLICY # _____

Please list any medical conditions your racer has that the Coaching Staff should be aware of. (Drug Allergies, Diabetes, Heart Trouble, Asthma, Medications, Injuries, etc.):

In case of Emergency, please provide two alternative contacts if you cannot be reached:

NAME: _____ Relationship: _____ Phone(____) _____

NAME: _____ Relationship: _____ Phone(____) _____

_____	_____
Parents Signature	Date
_____	_____
Parents Signature	Date