



## 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 \_\_\_\_\_

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.

FORM #503