



TRAVEL PERMISSION FORM & EMERGENCY AUTHORIZATION FORM

TRAVEL PERMISSION

My daughter, _____, has my permission to travel for all organized activities of Little Miss Kickball International, Inc. and _____ Kickball League.
(List Your Kickball League)

My child DOES DOES NOT have my permission to go swimming, if available. "By signing below, I hereby release (Check One, if not checked, your child does not have permission to swim)

and agree to indemnify and hold harmless, Little Miss Kickball, International, Inc. it's Board of Directors and its employees, chartered leagues and their Board of Directors, as well as umpires, team coaches and sponsors from any liability which is not covered by insurance, save and except, incidents arising out of intentional acts committed by the individuals released hereby. In any event, Little Miss Kickball International, Inc. shall not be held liable or responsible for the intentional acts of individuals acting outside the scope of a Corporation Officer, League Officer, employee, umpire, team coach, or sponsor."

"I understand that as a parent, I am responsible for informing my daughter's league and coaches of the existence of any court order affecting custody of my child. By signing below, I understand and agree, that neither the league, coaches, sponsors or Little Miss Kickball International, Inc. will be responsible for relinquishing possession or custody of my child to a parent or legal guardian of my child unless I inform them and provide them with a copy of such an order that specifically sets forth the terms and conditions affecting custody of my child."

EMERGENCY AUTHORIZATION

My daughter: _____ Age: _____

TO ANY HOSPITAL, PHYSICIAN, OR OTHER CONCERNED PARTY:

"The undersigned is a parent, guardian, or managing conservator of _____, a minor, _____ years of age, who is a registered member of Little Miss Kickball International, Inc. In the event my daughter should need emergency medical treatment requiring the consent of a parent, guardian, or managing conservator, and it is the opinion that there is not sufficient time to obtain my consent, then, under these circumstances, I authorize _____ to act as a temporary guardian of

(List your coach, coaches, chaperones, the person who will be with your child when you are not)

my daughter and authorize him/her to consent to such surgery and other medical treatment as is recommended by the attending physician or emergency medical personnel as the case may necessitate."

"By my signature below, I agree to assume all responsibility for paying all reasonable and necessary costs and expenses of such treatment, and I further agree to indemnify and hold harmless, Little Miss Kickball International, Inc., its Board of Directors and its employees, chartered leagues and their Board of Directors, as well as umpires, team coaches and sponsors."

Date: _____

(Signature of Parent, Guardian, or Managing Conservator)

(Print Parent, Guardian, or Managing Conservator Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Mobile: _____

Child's Physician _____ Address _____ Phone No. _____

List Medical Problems/Allergies/Medication _____

Religion (Optional): _____