

Please print minors' name

\_\_\_\_\_



This space is for use by Mad Ivan's

Identification confirmed by \_\_\_\_\_  
Field Rep. Initial

Action Note:

## Medical Permission Form

**Mad Ivan cares about your youngster! Paintball is a very safe game, safer even than bowling according to insurance statistics. But, to be sure we are properly prepared if anything should happen, please help us by completing this form.**

Full name of child \_\_\_\_\_ Nickname \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Eye color \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Does this child have any special medical conditions which we should be aware of? YES \_\_\_ NO \_\_\_

If Yes, describe \_\_\_\_\_

Procedure/Instructions \_\_\_\_\_

The undersigned parent or guardian hereby gives permission for:

Representatives of Mad Ivan's Paintball to authorize emergency medical treatment as may be deemed necessary for the minor child named above, while playing paintball games at Mad Ivan's Paintball indoor field located at 1813 West Bowie in Fort Worth, Texas.

**Permission is granted for this authority from the date of \_\_\_\_\_ thru the future date of \_\_\_\_\_.**

Parent/Guardian(Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Pager \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Medical Insurance Policy Number \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Physician to contact: \_\_\_\_\_ phone \_\_\_\_\_ Pager \_\_\_\_\_

### SIGNATURES OF:

**PARENT/GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_

**Driver's License No.** \_\_\_\_\_

Second alternative contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

NATIONAL PAINTBALL ASSOCIATION Waiver Form #503

In addition to this form, the NATIONAL PAINTBALL ASSOCIATION

**Waiver Form #501 must be signed by the parent or guardian, as well as the minority aged player.**