



**Sponsor / Medical Release Form**

Children under the age of 18, who are not accompanied by a parent, must have an "Adult Sponsor" arranged for or appointed as their guardian while in attendance at WCBS. Unaccompanied young people must submit this form with their WCBS registration. This gives the guardian and/or WCBS committee the necessary information to provide for the safety and well being of this child.

The following person has agreed to be the sponsor of my child and has permission to supervise and be responsible for him/her while in attendance at WCBS. They or any member of the WCBS committee may seek medical attention for accident, injury, illness, etc. as needed until such time as I can be contacted.

Name of Child: \_\_\_\_\_

Address:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Room Location at WCBS: \_\_\_\_\_  
(Completed by WCBS)

Name of Sponsor: \_\_\_\_\_  
(Must be in attendance at WCBS)

Address:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Room Location at WCBS: \_\_\_\_\_  
(Completed by WCBS)

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Name(s):

\_\_\_\_\_

Phone:

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

I assume responsibility for payment of any and all treatment.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_