



## Morgan Athletic Speed Training & Pass Catching Development

### Emergency Medical Authorization

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ suffer an injury or illness while training at the Morgan Athletic Speed Training & Pass Catching Development and unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child may be necessary. I (we) shall assume responsibility for payment of services.

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MASTPCD/Owner Signature-Stamp: \_\_\_\_\_

Date: \_\_\_\_\_