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**San Mateo Sister City Association**  
Toyonaka, Japan Division  
P.O. Box 729  
San Mateo, California 94401

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**Telephone:** (650) 522-7443  
**Fax:** (650) 522-7441  
SMSisterCity@gmail.com

## Medical Release: Authorization Consenting To Treatment of Minor

I/We, the undersigned, parent(s) or legal guardian of \_\_\_\_\_ a minor, do hereby authorize the staff of the San Mateo Sister City Association and the San Mateo Recreation Department or an authorized representative, as agent(s) for the undersigned, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the office of said physician or a such hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above named agent(s) to give specific consent to any and all such examinations, diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may seem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Father \_\_\_\_\_ Date \_\_\_\_\_  
or  
Mother \_\_\_\_\_ Date \_\_\_\_\_  
or  
Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY INFORMATION

Player Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Legal Custodian \_\_\_\_\_ Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_  
(list only if other than both Parents)

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby absolve the San Mateo Sister City Association and the San Mateo Park and Recreation Department, its employees and officers from all liability which may arise as a result of my child's participation in the San Mateo Sister City Baseball Exchange Program.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
( ) Parent ( ) Guardian