



Thunderbird Diving Club
Consent for Treatment

Diver _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Phone Number(s)

Home _____ Work _____ Cell _____

I, the undersigned, or as the parent or legal guardian of (a minor) hereby authorize such diagnosis, medical and/or surgical treatment for myself or such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. Thunderbird Diving Club, its coaches, or employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Signature of Diver or Parent/Guardian Date

Pertinent Medical/Insurance Information
(to be completed by parent/guardian)

Medical:
Allergies: _____

Current Medications: _____
Other: _____

Insurance:
Company: _____
Policy #: _____
Social Security or ID # _____