

**SPONSOR INFORMATION:**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Number to Call in case of Emergency: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL OR DENTAL CARE**

Insurance Information:  
Health Insurer Name and Phone No.: \_\_\_\_\_  
Health Insurance Policy No. \_\_\_\_\_ Group Name: \_\_\_\_\_  
Please List any medications attendee is currently taking and any allergic or other medical issues we should be aware of: \_\_\_\_\_

**AUTHORIZATION OF USE OF IMAGE:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_