**POWER OF ATTORNEY FOR MEDICAL PURPOSES**

**FOR ATHLETES NOT ACCOMPANIED BY THEIR PARENTS OR**

**LEGAL GUARDIANS ON OUT OF TOWN TRIPS**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**hereby give power of attorney to the coaches, assistant coaches, and administrators of the RISING STARS TRACK CLUB for the purpose of authorizing medical attention administered by or under the direction of a licensed physician, paramedic, or their staff. This power of attorney will be in effect from July through August 2010 or when the athlete is delivered back to the parent or legal guardian.**

**The coaches, assistant coaches, and administrators of the RISING STARS TRACK CLUB will be without harm or liability if authorization is given to administer medical attention as well as from any actions or conditions arising from that authorization.**

**I understand that I do not have to sign this document if the individual is accompanied by the parent(s) or legal guardian. Refusal to sign for any other reason will result in the athlete being disqualified to attend the event(s).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE DATE**