

AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT

This Authorization And Consent For Medical Treatment will be effective commencing on the date of execution shown below.

I/we the undersigned parent, parents or legal guardian of the minor named below, do hereby authorize in the event of an injury, accident, or illness, Las Vegas Storm Basketball & Hoop City, and their respective coaches, representatives, directors, officers or agents to seek and obtain care and medical treatment as necessary under the circumstances, including transportation of the minor to an appropriate medical facility.

On behalf of said minor, I/we hereby authorize and direct Las Vegas Storm Basketball & Hoop City, and their respective coaches, representatives, directors, officers or agents to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable and rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, of a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any general hospital holding a current license to operate a hospital from the State Department of Public Health or its equivalent. This authorization is effective whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of Las Vegas Storm Basketball & Hoop City, and their respective coaches, representatives, directors, officers, or agents to give specific consent to any and all such diagnosis and treatment which in the exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but emergency treatment will not be withheld if the undersigned cannot be reached in a timely manner. I also agree that this authorization to treat shall be valid in any state where such treatment is rendered. I also agree that if English is not my first language that I have sought out someone to translate this form to me and agree that by my signature that I have read and understood the document.

I authorize coaches or representatives of Las Vegas Storm Basketball & Hoop City to provide the foregoing insurance information to any health care provider rendering care to the minor, and further authorize said parties to make financial commitments on my behalf as are necessary to procure emergency services that are not covered by my, or the minor's, health insurance.