

STATE OF SOUTH CAROLINA       )  
  )  
COUNTY                                )

POWER OF ATTORNEY  
TO AUTHORIZE PERSON TO ACT IN  
PLACE OF PARENT IN CASE OF  
EMERGENCY, TO PROCURE MEDICAL  
AND HOSPITAL TREATMENT

I, or we, the undersigned persons whose address and telephone number is \_\_\_\_\_

do hereby authorize and empower \_\_\_\_\_ to select and employ a doctor or doctors or other qualified persons, either verbally or in writing, and for him or her to sign my name or our names in so doing, and to admit to any hospital or clinic our or my child \_\_\_\_\_, for the purpose of attending and treating our said child for whatever disorder, injury or sickness that he may have while he is away from our home and engaged in bowling activities of the South Carolina USBC Association.

This is to authorize the person named herein to act in our name as the parent of our child in the event of injury, etc. in procuring doctors and medical facilities for his treatment as may be necessary.

And, we do hereby bind ourselves and ratify such action of the person named herein as if such matters and things were done by us personally.

WITNESS my/our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

WITNESS:

\_\_\_\_\_  
Father of child

\_\_\_\_\_  
Mother of child

\_\_\_\_\_  
Legal guardian of child

I hereby state I relieve the SC USBC ASSOCIATION Tournament Officials and Adult Coaches of responsibility for my child/children who will be under their charge to participate in this tournament.

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

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