



PO Box 369
Fort Dix, NJ
08640

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jerseystormswimming.org

TEMPORARY GUARDIANSHIP

The undersigned parents, _____
NAME OF PARENTS

of _____
ADDRESS

Home Phone # _____ Cell# _____ Work Phone# _____

Hereby appoint Christina Caiafa and Garrett Clark, of JERSEY STORM SWIMMING, Inc., as the legal guardians of:

our child _____
SWIMMER'S NAME

This guardianship shall begin on December 10th, 2009, and shall remain effective through December 13th, 2009.

The above named guardian shall have the following powers:

- The power to seek appropriate medical treatment or attention on behalf of our child as may be required by the circumstances, including but not limited to medical doctor and/or hospital visits.
- The power to authorize medical treatment or medical procedures in an emergency situation.

Parents Signature: _____ Date: _____



MEMBER CLUB