

**[FILL IN THE INFORMATION, SIGN AND PRINT OUT ON STATIONARY]**

STATE OF \_\_\_\_\_, USA  
[Insert County}, ss.

**POWER OF ATTORNEY,  
AUTHORIZATIONS TO TRAVEL OUTSIDE THE UNITED STATES  
AND TO RENDER MEDICAL DECISIONS**

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, [insert name of mother] and [insert name of father] residing at [insert address] are the parents of [insert name of sailor], USA Passport No. \_\_\_\_\_, who will be traveling from the United States of America to \_\_\_\_\_, \_\_\_\_\_ to participate in an international sailing competition held by the International 420 Class Association. As parents of [insert name of sailor], [insert name of mother] and [insert name of father] grant to Larry Law (Team Manager); Zack Leonard (Coach); and \_\_\_\_\_ (Chaperone) complete power of attorney with respect to all matters pertaining to [insert name of sailor] while traveling to and participating in the 200\_ - I-420 [name of the event] during [dates of the event] in the [location of regatta]. Additionally [insert name of sailor] is authorized to travel with and move between international borders with the Team Manager, Coaches and or the Chaperone(s).

As parents of [insert name of sailor], [insert name of mother] and [insert name of father] also grant to Larry Law (Team Manager); Zack Leonard (Coach); and \_\_\_\_\_ (Chaperone) the full right, power and authority to act in their name, place and stead and to do all things necessary to secure the health and welfare of [insert name of sailor] and to procure any treatments for [insert name of sailor] in a hospital or by a physician, or to otherwise protect the general health, safety and welfare of [insert name of sailor]. This authorization includes but is not limited to decisions to have surgery, radiographic or imaging studies, medically appropriate invasive steps, and the administration of medicine and pharmaceuticals.

Attested to and dated at \_\_\_\_\_[city]\_\_\_\_\_, \_\_\_[state]\_\_\_\_\_, United States of America, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_.

By:

\_\_\_\_\_  
[insert name of parent or guardian]:  
Mother/Guardian

\_\_\_\_\_  
[insert name of parent or guardian]:  
Father /Guardian

**IT IS ALWAYS HELPFUL IF THIS FORM IS NOTARIZED**