

YOUTH POWER OF ATTORNEY

Know all persons by these present that we (I), _____ and/or
_____ (parent name)
_____ of _____ appoint
_____ (parent Name) _____ (address)

Brian A. Kelley of 4432 Mount Vernon Pass., Swartz Creek, MI our attorney for us and
_____ (Youth Director) _____ (address)

in our name and on our behalf to consent to the administration of whatever anesthetic
and the performance of such medical, dental, surgical treatment and/or operation as may
be deemed necessary or advisable upon _____ our minor
_____ (Youth Name)

child during the period of **July 10, 2009** to **July 18, 2009** and to execute all necessary
instruments to carry out and perform any of aforesaid powers, and to do any other acts
requisite to carrying out such powers. I/we, the parent/parents, agree to be financially
responsible for services provided. I/we authorize the release of medical information to or
from my/our insurance company and my/our personal physician.

IN WITNESS WHEREOF, I have hereunto executed this Power of Attorney on this
_____ day of _____, 2009.

Witnesses:

(Witness Signature)

(Parent Signature)

(Witness Signature)

(Parent Signature)

On this _____ day of _____, 2009, before me known to be the persons described
in and who executed the foregoing instrument and acknowledged that they executed the
same of their free act and deed.

(Notary Public)

My commission expires: ___/___/___