

WAIVER FORM

This form is **REQUIRED BEFORE** participation in: Youth Rec Basketball

Parent's permission to administer anesthetic and/or emergency treatment as required?

Yes

No

Basic Information:

Child's Name _____

Date of Birth			Age	Grade	Male	Female	Are they a CAC Member?		T-Shirt Size
Month / Day / Year							Yes	No	

Parents' Names: _____ and _____

Address _____ E-Mail _____

Home Phone # _____ Cell Phone # _____

Emergency Contact:

Name _____ Relation _____

Contact Phone # _____

Physician's Name _____ Phone # _____

Health Questions:

Does your child have any medical conditions or allergies? No Yes

Explain: _____

Has your child had any operations or serious injuries or illnesses? No Yes

Explain: _____

Does your child have any restrictions to activities? No Yes

Explain: _____

Other Health Related Concerns _____

We, the parents, acknowledge the inherent hazards associated with the different sporting activities and are aware of the assumption of risk on our part if our child participates.

Signature of Parent/Guardian _____ Date _____

- I understand that the Wayne Community Activity Center will NOT assume responsibility for injuries or illnesses which my child may attain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports, equipment usage, exercise or other activities. I acknowledge on behalf of myself and my children that I assume the risk for any and all injuries and illnesses that may result from my child's participation in these activities. I hereby release and discharge the Wayne Community Activity Center, its agents, servants, and employees from any and all claims for injury, death, loss, or damage which he/she may suffer as a result of his/her participation in these activities.
- I understand that the Wayne Community Activity Center is NOT responsible for personal property lost or stolen while using the CAC facility or property.
- I give permission to the CAC to use, without limitation or obligation, photographs of my child for the purpose of promoting the CAC Youth Fall Sports.
- I acknowledge and understand the above information and accept the conditions termed.

Parent/Guardian Signature: _____ Date: _____