

Youth Sports Camp Participant Waiver Form

Participant Information

Full Name

Date of Birth

Address

Parent/Guardian Phone

Parent/Guardian Email

Emergency Contact

Contact Name

Phone Number

Relationship to Participant

Medical Information

Relevant Medical Conditions/Allergies

Current Medications (if any)

Waiver & Consent

By signing below, I, the parent/guardian, acknowledge that participation in the Youth Sports Camp may involve risk of injury and I accept all responsibility. I authorize medical treatment if necessary.

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I agree to the terms and conditions above.

Parent/Guardian Name

Signature

Date