

Youth Group Sports Activity Waiver Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Emergency Contact Name

Relationship

Contact Phone Number

Medical Information

Allergies and Medical Conditions

Medications Currently Taking

Waiver Agreement

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I acknowledge the risks associated with participation in youth group sports activities and hereby release the organizers from any liability.

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In case of emergency, I authorize the adult leaders to secure medical care for my child if necessary.

Parent/Guardian Signature

Date

Participant Signature (if applicable)

Date
