

Youth Sports Camp Waiver and Release Form

Participant Information

Participant Name

Date of Birth

Address

City

State

Zip Code

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

Emergency Contact

Emergency Contact Name

Relationship

Phone Number

Medical Information

Allergies or Medical Conditions

Waiver and Release

I, the undersigned parent/guardian, hereby agree and understand that participation in the Youth Sports Camp involves physical activity and risk of injury. I release and hold harmless the camp staff, organizers, and sponsors from any and all liability or claims arising out of or in connection with my child's participation.

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I have read and agree to the above waiver and release.

Parent/Guardian Signature

Date