



Participant Information

Participant Name _____

Parent(s)/Guardian(s) Name _____

Home Phone _____ Alt/Cell Phone _____

Emergency Contact Name & Phone _____

Participant Waiver & Liability Agreement

I understand that there are risks associated with playing all sports and field related activities. In consideration for the privilege to use the facility and/or attend the camp/clinic, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity while attending this camp/clinic and for any injuries which myself or my children/wards may sustain while on the premises of the camp location/site. I insure that I am or my child is physically and mentally able to participate in physical activities during this camp/clinic. I give permission for camp trainers and coaches or contracted health care to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured. By signing this Waiver and Liability Agreement, I acknowledge that the camp/clinic participant has their own medical insurance/coverage and I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

Participant's Signature (Parent/Guardian if under 18) Date