

Sports Camp Parental Waiver Form

Participant Information

Child's Full Name

Date of Birth

YYYY-MM-DD

Parent/Guardian Full Name

Contact Number

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Medical Information

Relevant Allergies, Medical Conditions, or Medications

Waiver and Release of Liability

I, the undersigned parent/legal guardian, authorize my child to participate in the Sports Camp. I acknowledge that participation in sports involves inherent risks, and hereby release the organizers, staff, and facility from any and all liability for injury or illness that may occur during participation.

I confirm that my child is physically fit to participate and has not been advised otherwise by a qualified medical professional.

Parent/Guardian Signature

Date