

Youth Sports Consent and Waiver Form

This form must be completed and signed by a parent or guardian for all youth athletes participating in the program.

Participant Information

Full Name:

Date of Birth:

Sport/Activity:

Parent/Guardian Name:

Medical Information

Allergies/Medical Conditions:

Emergency Contact Name:

Emergency Contact Phone:

Consent & Waiver

I, as the parent or legal guardian of the participant named above, hereby give permission for my child to participate in the program. I acknowledge and understand that participation in sports involves inherent risks including, but not limited to, physical injury, illness, and property damage. I assume all risks and hazards incidental to such participation.

I hereby release, indemnify, and hold harmless the organizers, coaches, volunteers, and any associated parties from any and all claims arising from participation in this program.

In the event of injury or emergency, I authorize representatives to seek medical attention for my child as necessary.

Parent/Guardian Signature:

Date:

Participant Signature (if applicable):

Date: