



Player Information and Waiver form

Player information:

Name: _____ Team: _____

Special needs:

(ex. allergies, disabilities, pool related issues...)

Parent/Guardian information:

Name: _____

Phone Number: Home _____ Cell _____ Work _____

E-mail _____

Emergency contact information (if different from above):

Name: _____

Relation to player: _____

Emergency Contact Number: _____

Waiver:

I, the parent/guardian of the participant, acknowledge and understand the risks taken by her/him during the camp (from 8:00am to 4:30pm). I assume complete responsibility for those risks and for personal injuries, damage to equipment, and accident of any kind. I further agree to waive any claims that may arise from the applicant's participation during the camp.

Parent/Guardian name (print)

Signature

Date