

Youth Organization Activity Waiver

Organization: _____

ACTIVITY DETAILS

Activity Type * _____ Activity Dates * _____

Activity Location * _____

Transportation Method * _____

PARTICIPANT INFORMATION

Child's Full Name * _____

Date of Birth * _____ Parent/Guardian Name * _____

Parent/Guardian Phone * _____ Emergency Contact Name * _____

Emergency Contact Phone * _____ Emergency Contact Relationship _____

MEDICAL INFORMATION

Medical Conditions / Allergies _____ Current Medications _____

Insurance Provider _____ Policy Number _____

Physician Name _____ Physician Phone _____

I acknowledge the risks inherent in this activity and voluntarily assume such risks. I release and hold harmless the organization from any liability. I authorize emergency medical treatment for my child if necessary.

Parent/Guardian Signature _____ Date _____