

WRA Sport/Program Emergency Contact Form and Medical Waiver
(One form/family/sport is required.)

Child(ren) Name(s): _____

Sport or Program: _____

Parents Names and Contact Information:

Mother: _____ Father: _____

Address: _____

Email: _____

Parents' Telephone Numbers:

Mother: HOME: _____ WORK/CELL: _____

Father: HOME: _____ WORK/CELL: _____

Emergency Contact: _____

Phone: _____

Family doctor: _____

Phone: _____

Allergies or other medical conditions that would be pertinent in an emergency:

WAIVER STATEMENT

As parent or legal guardian, I hereby grant permission for the above named child(ren) to participate in the designated Waynewood Recreation Association (WRA) Sport/Program. I fully understand that, as in any sport, accident or injury is possible. The above named child(ren) is/are physically fit to swim and have no medical conditions or impairments that would make their participation hazardous.

I release the WRA, its directors and officials and the WRA representatives and coaches of any liability due to any activities deemed by WRA as necessary or incidental to the conduct of this sport/program. In the event of an accident or injury I grant permission to the WRA to transport my child(ren) to the nearest doctor/hospital for the purpose of diagnosis and if necessary administration of emergency medical care.

Signature: _____ Date: _____

Print Name: _____