

**Emergency Contact Form and Medical Waiver  
2015 Summer Camp and Team  
Waynewood Recreation Association**

**Member/Approved User Number:** \_\_\_\_\_

**Child(ren)'s Information**

Name	Age	Allergy/Medical Condition

**Contact Information**

Mother's Name	Home phone	Cell phone
Father's Name	Home phone	Cell phone
Emergency Contact	Home phone	Cell phone
Pediatrician's Name	Office:	

**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) Camp or Team. I fully understand that, as in any sport, accident or injury is possible. The above named child(ren) is/are physically fit 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 hospital for the purpose of diagnosis and if necessary administration of emergency medical care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_