



Liability Waiver

Please fill out Liability Waiver and Registration form completely. One form per child.

CHILD'S NAME: _____ AGE: _____

PARENT NAME: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

FOOD ALLERGIES/DIETARY RESTRICTIONS: _____

OTHER RESTRICTIONS: _____

EMERGENCY CONTACT (other than parent): _____ PHONE #: _____

MEDICAL CONDITION TO BE AWARE OF: _____

I, (name) _____, hereby give permission for (child's name) _____ to participate at the Kids Club for The Wave. Further, I authorize the Kids Club Staff to contact emergency personnel if any injury or emergency may occur, and qualified personnel may perform emergency treatment if they judge as necessary. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. By execution of this agreement my child and I acknowledge that the Kids Club staff members will not be held accountable for injury, death, property damage, lost items, or any other damages that may occur at Kids Club at The WAVE.

I understand this informed consent form and agree to its conditions.

Parent/Guardian Signature

Date

Parent/Guardian Name
