

CAMP/CLINIC REGISTRATION FORM

PLEASE PRINT!

NAME _____ GRADE _____ (AS OF 9/16)

ADDRESS _____ MALE / FEMALE (CIRCLE ONE)

PHONE # _____ AGE _____ DATE OF BIRTH ___ / ___ / ___

T-SHIRT SIZE: (CIRCLE ONE) YS, YM, YL, AS, AM, AL, AXL, AXXL

ANY MEDICAL PROBLEMS OR MEDICATIONS? _____

DOCTOR _____ PH# _____

PARENT/GUARDIAN DATA:

NAME _____ SPOUSE _____

ADDRESS _____ ADDRESS _____

PH # (DAY) _____ (EVE) _____ PH # (DAY) _____ (EVE) _____

EMERGENCY CONTACT NAME _____ PH # _____

CAMP/CLINIC REGISTERING FOR:

I, the undersigned, agree to let my child participate in the Waterloo Community Center program indicated above. I understand and agree that the Waterloo Community Center, its directors, managers, coaches, and Village of Waterloo Officials shall in no way be held liable for any injury which may occur while participating in the above program. I understand that it shall be my responsibility to transport my child to and from this program. Summer Recreation Programs routinely require extreme physical conditioning and contact. I understand that it is my responsibility, through consultation with a physician to insure that my child is fit to participate in this program. I do, hereby, assume all normal risks and hazards incidental to the conduct of the above named program. I further waive and release the Waterloo Community Center or any personnel appointed by the Waterloo Community Center or the Village of Waterloo.

My child's coach and/or director have my permission to give first aid or seek medical attention in the event of injury or illness involving my child.

PARENT/GUARDIAN _____ DATE _____

(SIGNATURE)

DELIVER OR MAIL COMPLETED FORM WITH PAYMENT TO: WATERLOO COMMUNITY CENTER, PO BOX 188, WATERLOO, NY 13165

