



EMERGENCY CONTACT AND CHILD RELEASE FORM

This form must be completed by a parent or legal guardian. – you will be the first to be contacted. Please provide at least 3 (three) additional contacts that may be allowed to Pick-up/sign-out child or may be called in the event of an emergency when you cannot be reached. Please provide the BEST number to reach you. Please be advised that calls will be made in the order listed – parent/guardian contacted first. The person or persons listed will be the ONLY people allowed to sign out and or/pick-up your child. The safety of your child is the priority.

Child's Full Name: _____

(List both parents' first names. List last name only if it is different from the child)

Mother Name: _____ **Phone:** _____

Father Name: _____ **Phone:** _____

<u>Contact</u>	<u>Phone #</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



2009 Summer Clinics Registration

Check One:

Session 1 (9am – 12pm)
Boys & Girls entering 1st – 4th grade

Session 2 (1pm – 4pm)
Boys & Girls entering 5th – 8th

Circle One or More:

Volleyball
July 20th to 24th

Basketball
July 27th to 31st

Street Hockey
August 3rd to 7th
I have my own stick

Lacrosse
August 10th to 14th
Must bring your own stick
(35" to 42" long).

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Child's Name: _____ Phone: _____

Address: _____

School: _____ Grade Entering: _____

Date of Birth: _____ Age: _____ Gender: M F

Parent Email: _____

I hereby give permission for the above child to participate in the WBCYC Summer clinic . I understand that I am responsible for the care of any equipment loaned to my child. I will return the equipment promptly when requested to do so by a Coach, Counselor or League Official. I fully understand that my child will play according to the rules governed by the League or Clinic Officials. I give permission for the League to utilize my child's team or individual photo for the WBCYC program website, promotional literature or press releases in local media.

I hereby certify that my child is in good physical condition to the best of my knowledge. I will not hold the WBCYC liable for any pre-existing conditions. I assume all risks and hazards incidental to such participation including transportation to and from activities. I hereby waive, resolve, absolve, indemnify, and agree to hold harmless the WBCYC, the organizers, sponsors, supervisors, and participants for any claims arising out of an injury to my child, except to the extent and in the amount covered by accidental or liability insurance.

Additionally, I am aware that I am responsible to report to the WBCYC Program Director, any injury to my child related to League play immediately. Failure to report an incident within 24 hours of the incident will result in the claim not being processed

Parent Signature

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Official Use Only: Reg. Date: _____

Donation: _____ Check: _____ Cash: _____
A B W N A H O Initials: _____

4/22/09