

Thundercat Sports Camps Information/Waiver Form

Player's full name _____ Age ____ Date of Birth ____/____/____

Parent/Guardian full name _____

Full Address _____

Tel. # Home _____ Work _____ Cell/Other _____

E-mail: _____

Person to notify in emergency _____ Tel # _____

Player's health insurance company _____ Player's health insurance policy # _____

Player's doctor's name _____ Player's doctor Tel. _____

Medical Concerns/Allergies of player (if none please write none, if yes please describe and see the camp director) _____

WAIVER / INDEMNIFICATION

Parent(s) or legal guardian must sign below before player is accepted to participate in the Thundercat Sports camps:

As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in the Thundercat Sports camps. I understand there are inherent risks to participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation at Thundercat Sports camps. I further agree to indemnify and hold harmless Newton Community Education, as well as Thundercat Sports, and its agents, employees and/or representatives, from any and all liability, damage, or expense arising out of my child's participation at Thundercat Sports camps.

In the event that I cannot be reached in an emergency, I hereby give permission for a qualified Thundercat Sports. staff member, an emergency medical technician, a physician or staff member at a hospital, or any other qualified individual to administer care and provide any medical treatment deemed necessary for my child.

Signature of parent(s) or legal guardian:

_____ Date: _____.