

Weddington Middle School Booster Club Pre Season/Camp Waiver

The undersigned, being a parent or guardian of the child requesting camp and or pre season work out admittance, does hereby affirm the applicants in good health, and suffers from no illness, disability ,or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

The undersigned hereby agrees to be responsible for any medical bills incurred in the treatment of illness or accident. In the event of any such accident or injury, I hereby consent to allow any of camp supervisors and or coaches to procure any medical treatment deemed advisable on behalf of my child without prior consent.

I understand that, as a condition of admittance as an applicant, the undersigned, on behalf of all parents and guardians , and on behalf of the applicant, hereby release Weddington Middle School Booster Club and all employees, agents and volunteers thereof, from any and all liability for injury incurred during the camp and or pre season work outs unless caused by gross negligence.

Applicant/ Athlete Name:

Parent/ Guardian Signature:

Parent/Guardian Phone Number:

Emergency Contact Name:

Emergency Contact Phone Number:

Disclosure of any and all conditions including allergies, asthma etc ..

Date: _____

