

## **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: \_\_\_\_\_.