



## Waiver Form

Dear Parent or Guardian,

Please read, sign and return this form.

Our child \_\_\_\_\_ has our consent/permission to participate in \_\_\_\_\_ sponsored by CICS Northtown Academy. Also, we give permission for our son/daughter to participate in online workouts through zoom or google hangouts.

I am granting permission for my student to participate in this activity. In doing so, I waive and release any and all rights and claims for damages against the organizers, their associates, and representatives associated with this activity for any and all injuries suffered by the student while participating in this activity.

In the event that the school representative/coach is unable to reach me during a medical emergency, injury, or other unforeseen health-related episode pertaining to my child, then please perform any and all medical treatment required or requested that you, in your professional judgement or under the direction of a medical professional, deem necessary under the presenting circumstances. In the event that my child is unable to communicate his/her needs, and you are unable to contact us, the physician in attendance should exercise his/her professional judgement regarding the treatment of my child. I hereby consent in advance to such treatment and agree to hold you harmless from any action or claim based on lack of parental consent or results of actions taken that may arise in connection with such treatment.

Parent/Guardian Name (printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Student Athlete Name  
(printed) \_\_\_\_\_

**(SEE OVER)**



|  |   |
|--|---|
| Student Athlete Name (printed)               | " |
| Home Address                                 | " |
| Parent/Guardian Phone Number                 | " |
| Emergency Contact (if parent is unavailable) | " |
| Family Physician Name                        | " |
| Family Physician Phone                       | " |
| Student Allergies                            | " |
| Student medications                          | " |
| Other medical conditions                     | " |
| Parent/Guardian signature                    | " |