



115 Sparta Avenue, Suite
Sparta, NJ 07871
(973) 726-8561

Participation Waiver and Medical Authorization:

18 years of age or older – MUST BE COMPLETED AND SIGNED BY PARTICIPANT

SPORT: _____ Team/Contact person/ or Program: _____

Any participant over the age of 18 must complete and sign. Please print. Date: _____

This acknowledges that I, _____, recognize the potentially hazardous nature of playing sports and that an injury might be sustained. In the event such an injury occurs where medical assistance is necessary, I give permission to a licensed physician to render such treatment as would be normal and agree to pay usual charges for such treatment.

I release *The Fieldhouse at Sparta*, its employees, its agents, its volunteers, and any owned, loaned or leased facilities from any personal injuries or damages caused by or resulting from participating in this activity. I understand that this release applies to any present or future injuries.

I further certify that to my knowledge, there is no medical reason why I cannot safely participate in said sport activities and I agree to abide by all rules and regulations of the sport and the facility.

Name: _____

Signature: _____

E-Mail Address: _____

Home Address: _____

Home Phone _____ Cell Phone # : _____

Family Physician: _____ Physician Contact Number: _____

Emergency Contact
Number: _____ Relationship: _____

Insurance Company: _____ Subscriber name: _____

Policy Number: _____

Medical conditions (allergies, medications, chronic illness, or other health issues):

