



Participation Waiver and Medical Authorization

SPORT: _____

Date: _____

Team/Contact person or Program: _____

The purpose of this form is to give permission for my son or daughter to participate in a youth sport or activity sponsored by or held at *The Fieldhouse At Sparta, 115 Sparta Ave., Suite 1, Sparta, NJ 07871*. It is also the purpose of this form to enable parents or guardians to authorize the providing of emergency medical treatment for their child who is injured or becomes ill while participating in any activity, event, or practice in the event a parent or guardian cannot be reached.

This acknowledges that I/we, the undersigned, parent(s) or legal guardian(s) of

_____ recognize the potentially hazardous nature of youth sports and that an injury might be sustained. In the event of such an injury to my child where we cannot be contacted, we give permission to a licensed physician to render such treatment as would be normal and agree to pay usual charges for such treatment.

I/We 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 my child participating in this activity. I/We understand that this release applies to any present or future injuries.

I/We further certify that to my knowledge there is no medical reason why my son or daughter cannot safely participate in said sports activities and that my child agrees to abide by all rules and regulations of the sport and the facility.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Home Address: _____

E-Mail: _____

Home Phone #: _____ Cell Phone #: _____

Family Physician: _____ Physician Contact Number: _____

Emergency Contact Number: _____

Insurance Company: _____ Name on Policy: _____

Policy Number: _____

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

