



The Wave Youth Center Participant Waiver

YOUTH INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Primary Address: _____

Secondary Address: _____

Youth Email _____

Youth Home Phone _____ Youth Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____ Fax: _____

Name of clinic: _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in any The Wave Youth Center activities, and events.

LIABILITY RELEASE: In consideration of The Wave Youth Center allowing the Participant to participate in all activities at, and in community location, I, the undersigned, do hereby release, forever discharge and agree to hold harmless The Wave Youth Center, its directors, employees, and volunteers. (collectively herein the "Staff") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be

incurred by the undersigned and the participant while involved in the activities. I the parent or legal guardian of this Participant hereby grant my permission for the participant to participate fully in activities at The Wave Youth Center's including trips away from the premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. I, on behalf of my minor Participant also understand that The Wave is not responsible for transportation of my participant, and understand that any community outings will require walking to the location. The undersigned further hereby agrees to hold harmless and indemnify The Wave Youth Center for any liability sustained by said Staff" as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

_____ x _____
Name of youth participant Signature of youth participant Date

_____ x _____
Name of parent/guardian Signature of parent/guardian Date