Participation Waiver and Medical Authorization

The purpose of this form is to give permission for my son or daughter to participate in all activities related to the Sports-N-Fun Camp 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 of, _____, _____, _____, recognize the potentially hazardous nature of youth sports and activities 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 and/or any business entity acting as a third party vendor contracted to lease The Fieldhouse at Sparta, their employees, their agents, their 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 and/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 and activities associated with the Sports-N-Fun Camp and that my child agrees to abide by all rules and regulations of the activity and the facility.

Parent/Guardian Name:_____ Date:_____

Parent/Guardian Signature:_____

Child's Name: _____ Date of Birth:_____

_____ Date of Birth:_____

_____ Date of Birth:_____

Home Address:_____

E-Mail:_____

Home Phone #_____ Work Phone #_____

Cell Phone #_____ Other #_____

Family Physician:_____ Phone #_____

Name/Phone# Emergency Contact #1:_____

Name/Phone# Emergency Contact #2:_____

Name/PHone# Emergency Contact #3:_____

Insurance Company:_____

Name on Policy:_____

Policy Number:_____

Medical Conditions (allergies, medications, chronic illnesses, or other health issues)_____

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