



# All 4 The Kids Sports Association

Empowering Youth Through Sports & Education

## WAIVER FORM

The undersigned, being the custodial parents/legal guardians for the above named participant, hereby releases and waives any and all claims, losses, damages, injuries to person or property, expense, cause of action or cost named participant has, had or may have in the future have against "All 4 the Kids Sports Association", its employees, agents, and all activity sponsors arising from or relating to participant's participation in, and/or the conduct of, the activity. The undersigned also hereby authorizes the directors/staff of the activity to act according to their best judgment in seeking and obtaining medical care and treatment for the above named participant.

Date: \_\_\_\_\_

Participant Printed Name of : \_\_\_\_\_

Participant Participants Signature: \_\_\_\_\_

Date Birth Date: \_\_\_\_\_

Parents Name Printed: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Telephone: \_\_\_\_\_