

Sun Valley Athletic Booster Club Pre-Season Workout/Clinic Waiver

The undersigned, being a parent or guardian of the child requesting clinic and/or pre-season admittance, does hereby affirm the applicant in good health, and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

The undersigned hereby agrees to be responsible for any medical bills incurred in the treatment of illness or accident. In the event of any such injury, I hereby consent to allow any of clinic supervisors and/or coaches to procure any medical treatment deemed advisable on behalf of my child without prior consent.

I understand, as a condition of admittance as an applicant, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby release Sun Valley Athletic Booster Club and all employees, agents, and volunteers thereof, from any and all liability for injury incurred during the clinic and/or pre-season workouts unless caused by gross negligence.

Applicant/Athlete Name: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Disclosure of any and all conditions including allergies, asthma, etc.

Date: _____