

## ATHLETIC INFORMATION AND WAIVER FORM

Name \_\_\_\_\_  
Address \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Age \_\_\_\_\_ Grade: \_\_\_\_\_  
Home phone # \_\_\_\_\_

**Insurance Waiver and Release Form:** Your child has indicated an interest in participating in the **Felicia Mycyk Coaching and Consulting**. We know that it is your will as well as ours that every possible precaution be taken to protect our participants from injury. We do our utmost to promote this by proper training, by the use of good protective equipment, by supervising all activities, and by encouraging good safety habits. Despite all our efforts, accidents do happen occasionally in athletics as elsewhere. **Felicia Mycyk Coaching and Consulting** and Partners are not legally liable for medical or hospital expenses, damages related to pain and suffering, loss of earning capacity or any other expenses or damages resulting from athletic injuries incurred while at **Felicia Mycyk Coaching and Consulting**. We the undersigned parent or guardian, intending to be legally bound, do hereby release, discharge, and waive **Felicia Mycyk Coaching and Consulting** instructors/assistants and partners from any liability for any injury to our child (above named) resulting from any cause whatsoever in connection with our child participating in **Felicia Mycyk Coaching and Consulting**. We further hereby agree to indemnify and hold harmless **Felicia Mycyk Coaching and Consulting** instructors/assistants from any expenses that we may incur in connection with the participation of our child in the above-mentioned activity.

**Warning and Notification of Risk:** Playing, practicing, or participating in a sport can be a dangerous activity involving risk of injury. Some sports injuries can result in serious permanent impairment or be life threatening. Unfortunately, injury may occur simply due to the nature of the sport without the occurrence of any unusual event and without fault.

We are the parents/legal guardian of the above named student. We have read the Insurance Waiver and Release, as well as the Warning and Notification of Risk and understand the risks of our child participating the above activities.

\_\_\_\_\_  
Print Name of Parent/Guardian

X: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian

**In Case of an Emergency:** To Whom It May Concern: If neither of the parents can be contacted in the case of serious injury or illness, I hereby authorize representatives of **Felicia Mycyk Coaching and Consulting** to act as my agent to secure emergency medical treatment for the above named child, a minor for whom I am responsible., when, in the opinion of the representatives, such emergency medical treatment is deemed appropriate during the time when my child is attending, the clinic or camp. I hereby agree to hold **Felicia Mycyk Coaching and Consulting** and its representatives harmless for exercising its judgment in authorizing such emergency medical treatment and said representatives are specifically authorized to sign any required emergency hospital treatment forms on my behalf.

Date: \_\_\_\_\_  
Signature of Parent/Guardian : \_\_\_\_\_  
Accept with signature                      refuse with Signature