

Wissinoming Boys Club

4133 Van Kirk Street

P.O. Box 8963

Philadelphia, PA 19135-0963

WISSINOMING BOYS CLUB PARTICIPANT PERMISSION FORM

Name _____

Address _____

Telephone _____ Date of Birth _____

Effective Date(s): April _____ to April _____

I being father, mother or legal guardian do approve the participation of the above mentioned child in the sporting activities of Wissinoming Boys Club. I understand that the accident policy that Wissinoming Boys Club provides is secondary insurance to be used in excess of the insurance you provide for your child should any injuries occur during the participation in activities in the various sports. Parents and guardians should be aware that such activities involve the potential for injury, which is possible in all sports. I acknowledge that I have read and understand this warning and the liability limitations of Wissinoming Boys Club and agree to assume the risk of injury.

MEDICAL RELEASE FORM

I hereby give my permission for any and all medical attention necessary to be administered to the above mentioned child, in the event of an accident, injury, sickness, etc. until such time as I may be contacted. This release is effective for the period indicated above. I also assume the responsibility for payment of any such treatment.

My insurance carrier is _____

My policy number is _____ Dated _____

TRAVEL RELEASE FORM

I understand that it is my responsibility to arrange transportation for my child to attend any games or practices. In the event that I can not arrange transportation for my child, I request that if possible Wissinoming Boys Club, its agents and/or coaches provide transportation for my child. I agree to hold harmless Wissinoming Boys Club, its agents and /or coaches from liability for any and all actions arising from the provided transportation.

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____