

Medical Release

Name of Youth Participant _____

Full Address _____

Date of Birth _____ Phone _____

Emergency Contact Person _____ Phone _____

Name of Insurance Company _____ Policy # _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to The Rock of NEA or an adult sponsor to secure the services of a licensed physician to provide the necessary, including anesthesia, for my child's well being.

Signed _____ Date _____

(Parent of Legal Guardian)

Waiver of Liability Statement

I, the parent or legal guardian of the child below, release The Rock of NEA together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activity listed below.

Name of Youth Participant _____

Activity _____

Date(s) of Activity _____ through _____

Signed _____ Date _____

(Parent or Legal Guardian)