



Dry Land Waiver Form

Program: _____ Start: _____ - _____

Instructor: _____

Child's Name: _____ Sex: M F

Birth Date: _____ (mm/dd/yy) Age: _____

Address: _____ City: _____

_____ Province: _____ Postal Code: _____

Home Phone: _____ Work/Other Phone: _____

E- mail address: _____

Emergency Contact: _____ Relationship: _____

Telephone #: (H) _____ (W) _____ (Other) _____

Parental Consent

I, _____, being the legal guardian of _____, hereby give permission for my child to participate in the _____ Program at Sport Central ("the Club"). I waive any and all claims against Sport Central, their Directors, Officers, Employees, Contractors or Agents, as well as, any person(s) who provide services to the Club. I also release the Club from any loss, damage, injury or expense that myself or my child may suffer or incur as a direct or indirect result of use and attendance at the Club, including the parking facilities.

I, the undersigned, understand and agree to the terms of this agreement and to follow all rules & regulations of Sport Central.

Signature of Legal Guardian

Relationship

* Signature agrees that you hereby give Sport Central the right to use images taken on the premises for any purpose in connection with promoting Sport Central and it's activities which may include advertising, promoting and marketing