

# KIMBERTON YOUTH ATHLETIC LEAGUE

Serving the youth our community for over 55 years

## PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child(ren) named below, I hereby give my full consent and approval for my child(ren) to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's(ren) participation and I am willing to assume these risks on behalf of my child(ren).

I hereby certify that my child(ren) is fully capable of participating in the designated sport and that my child(ren) is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as specifically listed below.

In addition to giving my full consent for my child's(ren) participation, I do hereby waive, release and hold harmless Kimberton Youth Athletic League, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child(ren) in the normal course of participation in the designated sport and activities incidental thereto, whether the result of negligence or any other cause.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Date of Birth

*Along with the child's name, please clearly identify any physical limitations (allergies, hearing, sight, etc.) on the reverse side of this form.*

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Name of Individual Completing Form

\_\_\_\_\_  
Relationship to Child(ren)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date