



2014 Participant Information Form

Child's Name _____

Date of Birth _____

City and State _____

Grade Level _____

Parent/Guardian Name _____

Street Address _____

City, State, and Zip Code _____

Parent/Guardian **Home** Phone Number _____

Parent/Guardian **Cell** Phone Number _____

Liability Waiver (Must be signed in order for your child to participate in the program)

I am the parent/legal guardian of _____ ("Child"). On my own behalf and as parent and guardian, I acknowledge and agree that there is the possibility of physical injury or loss associated with my Child's participation in the NWGCA Workshop Kids Program. I hereby release, discharge NWGCA, its affiliated organizations, employees and associated personnel including the owners of the camp facility against any and all claims, liabilities, and/or damages as a result of my Child's participation in the Program, including but not limited to, any claim that NWGCA was negligent. I further agree to defend and indemnify NWGCA, its affiliated organizations and employees and associated personnel if any claim is made against them by or on behalf of my Child. **I understand that my Child will not be permitted to participate in the Program without my signing this Agreement.**

Parent/Guardian Signature _____ Date _____

Participant Medical Information

Allergies (food, medication, etc.): _____

Activity restrictions or precautions: _____

List any medication child is currently taking: _____

- My child is attending with an epinephrine syringe to be administered in the event of a severe allergic reaction.
- My child is carrying an inhaler and is authorized to self-administer as needed.

List any special needs, important medical history/behavior, and/or accommodations that can be made to make your child's experience more successful:

