

YOUTH SPORTS

Virginia Training Center

14023 Noblewood Plaza Drive Woodbridge, VA 22193

www.youthsportsva.com

FIELD TRIP INDEMNITY FORM PARTICIPANT INFORMATION

ORGANIZATION ATTENDING _____

First Name _____ Last Name _____

Address _____

Health / Medications / Allergies _____

PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____

Emergency Phone # _____ Additional Phone # _____

INSURANCE / PHYSICIAN INFORMATION

Physician Name _____ Phone # _____

Insurance Co. _____ ID # _____

I fully understand that Youth Sports Staff members are not Physicians or Medical Practitioners of any kind. With the above in mind, I hereby release the Youth Sports Staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Youth Sports Staff to call our doctor and to seek medical help, including transportation by a Youth Sports Staff Member or its representatives, whether paid or volunteer, to seek any health care facility or hospital, or the calling of an ambulance for said child should the Youth Sports Staff deem this to be necessary.

We, the staff of Youth Sports recognize our obligation to make our student/participants and their parents aware of the risks and hazards associated with the sports of gymnastics, jump rope, trampoline, tumbling, cheerleading, martial arts and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, jump rope, trampoline, tumbling, cheerleading, martial arts and dance, can be dangerous and lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instructions. The Youth Sports, its coaches and other staff members, will not accept responsibility for injuries sustained by any student participating in the Youth Sports Summer Camp Program... With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Youth Sports. I, my executors, or representatives, waive and release all rights and claims for damages that I or my child may have against Youth Sports or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalizations, health and accident insurance coverage which I consider adequate for both by child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Youth Sports will only warn the child through "Safety Messages" and our teaching styles and progressions.

I/We also give Youth Sports permission to use any videos or photographs of the participant for publicity or promotional purposes.

Parent/Guardian Signature: _____

Date: _____

Participant's Signature if over 18 year's old. _____

Date: _____