



Medical Waiver

Athlete's Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Other Phone: _____

Child SS# _____ Parent/Guardian SS# _____

Insurance Carrier: _____

Any medications allergic to: _____

Emergency Contact: _____ Phone: _____

I, the undersigned Parent/Guardian do hereby give consent for my son/daughter to participate in the training and activities provided by the World Class program. I am fully aware of the nature of the activities involved and the possibility of injuries and/or death, which may arise from such activities. In case of illness, injury and/ or death that may arise directly or indirectly as a result of participation and/or travel to or from the activity or training (i.e. clinic, camp, out of town activities or events), I do hereby grant my permission to the World Class program to seek immediate treatment for my child should he/ she be injured. I hereby release the World Class program, including its officers, shareholders, agents, coaches and employees from any liability to the above named participant, or any person claiming through him/her, arising from injury to the person or property of the above-named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under Florida law. In the event of any activities that are locally or nationally televised, I give the World Class program the right and permission to film, photograph, or videotape my son/daughter for any reproductions associated or in any way connected with said televised events, in particular, for use in any promotional purpose.

Parent/Guardian Signature

Print Name and Date