

BWFC
Po Box 437
Wood Dale IL, 60191
630-474-5450
www.bwfca.com



Parents Consent, Waiver and Release
BWFC Spring Flag Football
FEE \$25.00

Participants Name: _____ Age: (must be at least 5) _____

Parent or Legal Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Shirt Size YS YM YL YXL AS AM AL AXL A2XL

In consideration of the BWFC Bandits Camp acceptance of (insert player's name on blank line)
_____ as a participant in the sports camp for the period in the dates indicated above, and in return for the opportunity to participate in this camp:

It is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by the signature hereto. I hereby certify that the above named participant is physically able to participate in the BWFC Camp and that I know of no physical impairments which would in any manner limit his/her participation in such a program. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. In consideration for honoring the participant's request to participate in the above activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge The BWFC, its Board of Trustees, its respective entities, administrators, and agents, from any claims that I might have myself or could bring on the participants behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of the participant's participation in this activity. I also hereby agree to save, hold harmless, and indemnify The BWFC, its Board of Trustees, and/or its respective entities, administrators, and agents, against any and all claims, including claims of negligence or failure to supervise, which the participant might bring against them as a result of his or her participation in the above activity. **I recognize that this Release means that I am giving up, among other things, rights to sue The BWFC its respective entities, administrators, and agents for injuries, damages or losses that my child may incur.**

PARENT OR LEGAL GUARDIAN SIGNATURE

(PRINT) _____ (SIGN) _____ DATE _____

Emergency Contact Information

Parent/Guardian Name _____ Phone# _____

Parent/Guardian Name _____ Phone# _____

Payment Method:

_____ CASH _____ # CHECK _____ CREDIT CARD _____ RCVD BY