

Crossover Athletics Waiver Form

Child's Full Name: _____

Home Address: _____

City/State/Zip: _____

Phone Number: _____

Age: _____

As their parent or guardian, I hereby waive any right to bring litigation against Crossover Athletics or any of their employees, volunteers, and partnering churches as a result of any or all injuries, damages or losses sustained by my child while participating in Crossover Athletics Events.

In case of an emergency, I hereby give permission to the physician selected by the director to hospitalize or secure proper treatment of the person listed above on this form. If at all possible parents will be notified for medical treatment.

Parent/ Guardian Signature

_____ Date: _____

In case of emergency we should notify: _____

Relationship: _____ Phone Numbers: _____

Allergies: _____