**UNIVERSITY RECREATION YOUTH PROGRAMS REGISTRATION FORM**

Name: Date of Birth:

Address City State Zip

**Medical Information (**Attach additional sheet if necessary) Family Doctor: Phone:

Allergies//Medical Concerns: Medications

**Name(s) of Parent/Guardian**: Day /CellPhone: Evening Phone

Name(s) of Parent/Guardian: Day /CellPhone: Evening Phone

**UNIVERSITY RECREATION**

**Assumption of Risk, Release of Liability, and Authorization for Emergency Treatment and Transportation**

In consideration for allowing my child (please print) to participate in Washington State University University Recreation Youth Programs, **I voluntarily agree to assume all risks involved in my child’s participation in the activities and/or traveling to or from participation sites for the activities.**  **I understand that there is risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement or even death.** I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my child’s participation in the class that cannot be specifically listed.

I hereby understand that certain class activities require a minimum level of fitness and health (physical, mental and emotional). Some activities of class may be considered strenuous.

I understand that I am requested by Washington State University University Recreation Instructors to provide any requested information regarding a preexisting medical condition. I understand that all information provided will be kept confidential.

In case of an emergency when I can not be reached, I hereby give authorization to Washington State University, its employees and the treating physician to obtain or provide whatever medical treatment deemed necessary for the immediate welfare of my child, listed above.

Unless I submit a written request, I grant my permission to University Recreation staff to use photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I release the state of Washington, the Regents of Washington State University, Washington State University, any subdivision or unit of Washington State University, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries, and/or losses, that my child may sustain as a result of participation in University Recreation Youth Programs. My child’s participation includes, but is not limited to, traveling to and from the event in a private vehicle, any activity connected with the event itself, and using state equipment or facilities for the event whether on or off Washington State University property.

I have carefully read this document, understand its contents, am fully informed about University Recreation Youth Programs and circumstances, and am satisfied that my child can safely participate in the activities of the Program. I am aware that this document is a contract with Washington State University. I sign it freely and voluntarily.

**Signature of Parent/Guardian Name of Parent/Guardian (please print)** **Date**

**Signature of Witness Name of Witness (please print)** **Date**

This document will be considered valid from this day forward

\*\*It is strongly recommended that parents consult a physician before allowing their child to participate in physical activity.

**Name (please print) Signature**  **Date**

**Name of Witness (please print)** **Signature of Witness**  **Date**

**Note:** We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy, that will cover injuries or illness that may occur due to participation in University Recreation Programs.