Student Name:	_
Grade:	
School:	_
Student Date of Birth:	
Parent(s) Name:	
Emergency Contact Number:	_
Waiver/Release of Liability	
Please read carefully before signing. This is a release of liability and waiver of certain I,	ee and rent in the sport hereby agrees diddle School rticipating in red arising from orizes any any medical ont/guardian unt. I have noted re. I have
Signed	Date