

Burke Racquet & Swim Kids' Night Out Permission Slip and Waiver

- One form must be filled out for each child attending.
- This form is valid for 12 months(Sept.. - June) : you do not need to fill out a new form each time your child attends.

Child's Name: _____

Child's Age: _____ Please circle one: Male Female

Swimming Ability: Non-swimmer Beginner Intermediate Advanced Expert

Any conditions or allergies that may limit participation?

No: _____

Yes: _____ Describe if yes: _____

Parent's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Name of Physician: _____ Physician's Phone: _____

General Consent for Athletic Participation, Medical and/or Surgical Treatment

- I understand that Burke Racquet and Swim Club will select at least one activity from the following list: swimming, climbing wall, tennis, racquetball, interactive gym, and other games. I grant permission for my child to participate fully in any activity selected by Kids' Night Out staff, including permission to swim in water above his/her should.
- Usually, Kids' Night Out participants will be offered the opportunity to use the climbing wall. I understand the inherent danger of the sport and I need to sign a separate rock climbing wall waiver for my child to participate.
- I understand that if my child becomes ill, I will be notified and will pick my child up.
- I understand that neither the Burke Racquet and Swim Club. nor any one connected with Burke Racquet and Swim Club, will assume any responsibility for accidents or sickness incurred by my child while at Burke Racquet and Swim Club. I agree to assume sole responsibility for payment of any and all medical, dental or other expenses incurred as a result of such sickness or injury and fully comprehend the inherent danger in sporting activities.
- I understand that Burke Racquet and Swim Club reserves the right to remove any child from Kids' Night Out for any reason.
- I understand that Kids' Night Out ends Sat. 9:00 pm and that I will in will incur a \$1/rminute charge if I am late picking my child up.
- I understand that a deposit of \$15.00 per child must be made on or before Sat, and the balance of payment must be made before the start of the program.

Parent Signature: _____ Date: _____

Burke Racquet & Swim Club

Climbing Wall Waiver

Participant Name _____

Age _____ Date of Birth _____

Address _____
City _____ Zip Code _____

Home Phone _____ Parent's Name _____

Cell Number _____ Email: _____

Emergency Contact Name: _____, Number of Contact: _____

I certify that I am volunteering to participate in the sport climbing gym of the Burke Racquet & Swim Club, (BR&SC). I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the activity. I am not under the influence of drugs or alcohol, which could impair my ability to climb safely. I acknowledge and agree that sport climbing and the use of the Burke Racquet and Swim Club climbing wall has inherent risks. I have full knowledge of the nature and extent of all the risks associated with the use of the climbing wall:

- *Injuries from climbing and belaying can result in paralysis or death**
- *No safety equipment can guarantee risk free climbing**
- *Safety equipment is not failure proof; the possible failure of safety equipment is an inherent risk of climbing or belaying**

In consideration of my participation in sport climbing, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive and relinquish the Burke Racquet and Swim Club (or its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out my participation.

Parental Consent: (To be completed and signed by parent/guardian if the applicant is under 18 years of age). I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is, at least 5 years of age, on or before the date of participation, and in good health and has no physical or other impediment which would endanger him or her while participating in the activity of sport climbing. I realize that by participating in this program, the Child will be exposed to a risk of injury or death. I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand the dangers incidental to participating in the program and the need for safety precautions, and I have discussed the dangers of the program and the need for safety precautions with the Child.

Adult/Parent Signature (Required to process registration) _____

