



University of Virginia Department of Intramural Recreational Sports

Family Fun Fridays

CHILD'S LAST NAME, FIRST NAME (Print)

DATE: _____

ACKNOWLEDGMENT AND PERMISSION FORM

I, as parent or legal guardian of the below named child under the age of 18, realize participation in any form of physical activity may give rise to injury or participant's demise. I represent that my child is currently in good health and physical condition and hereby give permission for my child to participate in youth programs at the University of Virginia. In the event of an accident, injury, or sickness, I give authority for my child to receive any and all medical attention necessary until such time as I may be contacted. I also agree to assume any and all financial responsibility for such medical treatment. This release is effective for a period of 365 days from the date listed above.

I have read and fully understand the above information statement.

SIGNATURE OF PARENT/GUARDIAN: _____

PARENT OR GUARDIAN NAME _____

ADDRESS _____

HOME PHONE _____ OFFICE PHONE _____

CHILD'S NAME _____

(PRINT)

PHYSICIAN'S NAME (Print) _____

DAY PHONE NUMBER: () _____

NIGHT PHONE NUMBER: () _____

KNOWN ALLERGIES OR MEDICAL CONDITIONS _____

ALTERNATE EMERGENCY CONTACT PERSON:

NAME: _____

PHONE NUMBER(S) _____

A separate copy for each child participating in the youth programs must be signed before being allowed to participate in programs.