

**COMMUNITY LIFE CENTER**  
**Child Waiver Form**



**PARTICIPANT INFORMATION**

STUDENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ **EVENT** OPEN PICKLEBALL FOR THE YEAR OF 2024

We (I), the undersigned parent(s) or legal guardian(s), give permission for participation in the sports activities of Washington Heights Baptist Church.

Furthermore, we (I) release and discharge Washington Heights Baptist Church, staff and volunteer representatives from any and all liability, claims or demands of any nature whatsoever. We (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, in the event that we (I) cannot be reached in an emergency, we (I) hereby grant permission to said staff or representative to obtain any necessary medical treatment, including but not limited to injections, anesthetic, X-rays, emergency surgery, and hospital care for the participant named above and assume any financial responsibility incurred by the treatment.

We also agree to the **Statement of Conduct** guidelines listed on the reverse side of this page.

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**COMMENTS OR MEDICAL PROBLEMS:**

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***Impacting Our Community For Christ Through Sports***

Washington Heights Baptist Church • Community Life Center  
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