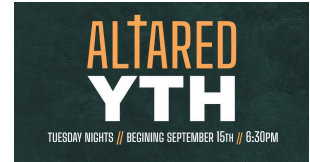




Waiver for Youth



I am not aware of any injury ,illness or health related issues that would restrict or limit my son/daughter(s) ability to play pickle ball, soccer, volleyball or ANY OTHER sports / recreational, games etc. This includes on any property indoors or outdoors at Ridgeview or surrounding school property and is associated with Ridgeview Community Church activities,1470 Glenora Dr. London Ontario N5X 1V2.

I agree to assume all risks and expenses due to any injury or bodily harm that may occur as a result of my child's participation in any or all the above mentioned.

I agree not to hold Ridgeview Community Church or anyone acting on the churches behalf responsible in the event of any injurious incident that may occur while participating in any of the above associated with Ridgeview Community Church. If a waiver is not signed I understand I am not permitted to take part in the sports/ games or recreational events offered.

Print Name :

(YOUTH Participants)

Phone #:

Email :

Person to contact in case of emergency:

****Parent / Guardian Signature :**

Date : _____

I give consent for my Son/ daughters picture to be taken and used on church and/or neighbourhood webpage / media site. **(Circle one)** YES NO

I give consent for my Childs picture to be taken and used for memories /keep sakes to be sent home. **(Circle one)** YES NO

Signed : _____ Date : _____

**** Parent/guardian**

Please be aware of these allergies or additional information for my son/daughter :

I will make arrangements weekly with my **son/daughter** as to whom they are picked by. These arrangements are my responsibility. If other arrangements are necessary please state in writing or by email to leadership. Pick up is at 8:30pm. _____ **** PARENT /GUARDIAN INITIAL**