



All Sport NJ



Child Waiver

Name of Parent: _____

Name of Child: _____

Home Address: _____

D.O.B.: _____

City/State/Zip: _____

Age: _____

E-Mail: _____

Grade: _____

Home Phone: _____

Parent's Cell Phone: _____

Emergency Contact :

Name: _____

Phone: _____ Cell _____

Please list all medical conditions we should be aware of: _____

Subscribe to All Sport NJ mailings and e-mail promotions:

Yes No



Waiver Form: (Please Sign)

I hereby authorize the staff of All Sport NJ to act for me in according to their best judgment in any emergency requiring any medical attention for my child, if I cannot be contacted. In consideration of acceptance of my child, I hereby for myself, my child, their heirs, executors, and administrators hold harmless, waive and release any claim we may have for damages against the above mentioned organizations, camp operators, their officials, officers, employers, or representatives or their successors and assigns for any and all injuries that may be suffered.

I certify that I am the parent/legal guardian of: _____ and I am over the age of 18 years. I also agree that any photos taken of my child while participating in this activity can be used for marketing and promotional purposes. I attest that my child is in sound condition to participate in all activities.

Date: _____

Signature of Parent/Guardian

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