

Youth Program Parent/ Legal Guardian Consent Form

Title of Youth Program (i.e., Baseball Skills Camp2012) _____

Date(s) of Program: _____

Participant's Full Legal Name (print) _____

Address _____ City/State/Zip _____

Age _____ Birth Date ____ / ____ / ____ Sex _____ School Year (upcoming) _____

List the names and telephone numbers of two individuals to contact in the event of an emergency.
Include home, work, and cell phone numbers.

Name of 1st Person: _____ Relationship to minor: _____

Phone Number _____

Name of 2nd Person: _____ Relationship to minor: _____

Phone Number _____

List any medical alerts and/or prescription medications the participant is currently taking. Use the back of this sheet if more space is needed.

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Check here if further medications listed on back of this sheet.

I hereby give my permission for (participant's name) _____ to participate in the Case Western Reserve (CWRU) _____. I further give my permission for an emergency service worker, physician, hospital, athletic trainer, or any other qualified personnel to provide necessary healthcare in the case of an injury and/or emergency. I agree to hold CWRU and its officers, employees, and faculty harmless for any and all injuries or damages sustained by the participant in the program. I release, waive, and forever discharge CWRU and all of its officers, employees, and faculty acting officially or otherwise, from all claims demands, actions, or causes of action, on account of any injury, death or property damage which may occur at any time or for any cause during participation in a CWRU program or event.

Parent or Guardian* (Print) _____

Parent or Guardian*(Sign) _____ Date ____ / ____ / ____

*Only the participant's parent or a Legal Guardian may sign this document. A Legal Guardian is one that has been assigned guardianship by a court of law and that guardianship is current and active.

Reporting Suspected or Known Abuse or Neglect. Any person who witnesses child abuse or neglect or has information that would lead a person to believe the minor faces a substantial threat of abuse or neglect shall immediately report it to authorities by contacting CWRU Division of Public Safety (24-hour number is 216.368.3333); you may remain anonymous.