

**OFFICIAL SKWC USE ONLY**

**SUMMER OF YEAR: 2018**

**Team Name:** \_\_\_\_\_

**Camp:** \_\_\_\_\_

**Surname of Participant:** \_\_\_\_\_

**SKWC Received (initials)** \_\_\_\_\_

**Scarlet Knights Summer Camps**  
**Parental Waiver and Consent Form**



As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

**A separate waiver is required for each child attending. Fill in gray boxes, as legibly as possible, below.**

\_\_\_\_\_

(Name of Child)

\_\_\_\_\_

(Date of Birth: MM/DD/YYYY)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(Town)

\_\_\_\_\_

(State)

My child is attending (check one):

Summer of:

2018\_\_\_\_\_

\_\_\_ Team Camp

\_\_\_ Technique/Intensive Camp

\_\_\_ Youth Camp

**Team Name:**

**TEAM CAMP: Enter the full Team Name, above. Use "HS" to abbreviate "High School".**

Please list any physical limitation (allergies, hearing, sight, etc.)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Parent Signature)

\_\_\_\_\_

(Today's Date)

**Scarlet Knights Wrestling Camps**  
(Name of Sponsoring Organization)

**Wrestling**  
(Designated Sport)

Mail your completed Parental Waiver and Consent Form(s), Adult Waiver(s), and Specialized Diet Form(s), with your check or money order payable to:  
**"Scarlet Knights Wrestling Camps"**  
130 College Avenue  
New Brunswick, NJ 08903