



# West Shore Youth Recreation Center

25 Utley Drive, Suite 500 Camp Hill, PA 17011  
www.westshoreyouthathletic.com

## Liability Waiver

Date \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Program Name: (if with floor rental group): \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Allergies/Physical/Mental limitations: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE FORM

I, the undersigned Parent/Guardian, do hereby give consent for my son/daughter to participate in the training and activities provided by the West Shore Youth Recreation Center and West Shore Youth Athletic Association. I am fully aware of the nature of the activities involved and the possibility of injuries and/or death, which may arise from such activities. I do hereby grant my permission to WSYRC and WSYAA to seek immediate treatment for my child should he/she be injured. I hereby release WSYRC and WSYAA including its officers, agents, coaches, and employees from any liability to the above named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under Pennsylvania state law. In the event of any activities that are locally or nationally televised, I give WSYRC and WSYAA the right to permission to film, photograph, or videotape my son/daughter for any reproductions associated for use in any promotional purpose.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date