



## Camp Waiver Form

By signing below I verify that I am the parent or legal guardian of the below mentioned minor, or that I, the applicant, am of legal age to consent to the terms of this application.

I hereby authorize the directors of the Water Polo Clinic and West Suburban Water Polo Club to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the Water Polo Camp and West Suburban Water Polo Club. I know of no medical mental or physical problem which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or other charges in connection with his or her attendance at camp.

Name of Camper: \_\_\_\_\_

Signature of Parent, Legal Guardian or Camper, if authorized:

\_\_\_\_\_

Date: \_\_\_\_\_

Please bring the following to Camp:

- Towel
- Swim Suit
- Water