



Emergency Contact and Waiver Form

All participants must have this form completed and turned in before playing.

Team Captain: _____

I, as the parent/guardian of _____ permit participation in the Waupaca Boatride Volleyball Tournament. I understand the risks involved with athletic competition and will not hold the Waupaca Boatride Volleyball Tournament, staff, or adult supervisors responsible for any accident or injury or illness that may occur during participation in the tournament.

In the event of an emergency, please contact:

1. _____
Please print name Phone #

2. _____
Please print name Phone #

Signature of Guardian Date

I, as the participant in the Waupaca Boatride Volleyball Tournament, understand that I will be accountable for my actions and will act in a responsible and mature fashion. If I am unable to participate positively, I understand that I may be removed from the tournament immediately and future participation will be pending.

Signature of Participant Date