

Seahawks Sports Camps
Community Service Volunteer Waiver

Name: _____

Address: _____

Phone number: _____

Email: _____

Sport Camps: _____

Parental Permission: Having been informed of the camp objectives of the Seahawks Sports Camps, I (we), the parent(s) or guardian of the above named volunteer, do hereby give my (our) approval for her participation in the activities indicated and according to advice from my (our) physician, he/she has no physical disability or defect which would preclude him from participation or cooperating in the sport. I (we) assume all the risks and hazards incidental to the conduct of the Cold Spring Harbor Central School District, Cold Spring Harbor Central School District Board of Education, Seahawk Athletic Booster Club Inc., the directors, coaches, members, consultants, supervisors, managers, employees, athletes and other volunteers, any and all of them, to the extent same is the activities. I (we) consent to any emergency medical treatment of the above named volunteer to or from the activities. I (we) consent to any emergency medical treatment of the above named volunteer. Additionally, I (we) have read the Cold Spring Harbor Athletics Code of Conduct and will abide by it when volunteering at all Camp functions.

Signature(s) of Parent/Guardian

X _____ Date _____

Signature Volunteer X _____ Date _____

Signature Guidance Counselor X _____ Date _____

Person to notify in Emergency:

_____ Phone _____