

**Kernersville Parks & Recreation
Athletic Player Waiver**

Player's Name: _____ DOB: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Team Name: _____ Sport: _____ Season: _____ Year: _____

Please provide an emergency contact person and their contact info:

Name: _____ Phone: _____ Relation to you: _____

ADA (Americans with Disabilities Act)- Do you need reasonable accommodations or modifications to participate in this activity? Y E S / N O

If so, what accommodations or modifications are needed? _____

WAIVER: In consideration of the acceptance of this entry for my/my child, I hereby waive and release the Town of Kernersville Parks and Recreation Department, The Town of Kernersville, employees, sponsors, volunteers, and any other persons associated with this program, event, or athletic league of all responsibility and liability of any nature, including transportation, whatsoever as it concerns any/all injuries, sickness, or damages incurred from my/my child's participation. Further, I certify that I/my child is physically fit and capable of participating in the activities for which I/my child is registered. I give my permission for the free and unrestricted use of my/my child's picture in any telecast, broadcast, or written account of this program, event or athletic league.

Signature: _____ Date: _____

Date: _____ Signature: _____

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