



CHILD'S INFORMATION AND PARENTAL AGREEMENT

Lakewood Program: _____

Child's Name: _____ DOB: _____

Address: _____

Cell Phone: _____

Emergency Contact Name _____ Relationship _____

Phone: Cell _____ Home _____

Physician's Name _____ Phone _____

Medical Insurance Information

Insurance Company Name _____ Policy Number _____

Name of Policy Holder _____

Parental Agreement

I hereby acknowledge that I have voluntarily chosen to allow my child to participate in the Program described above. I have consulted with my child's health-care providers, if I have deemed necessary, with regards to my child's individual health issues or needs and have determined that my child is physically and mentally fit to participate in the activity. I understand the Program may have risks including, but not limited to, boating and sailing and other watersport activities. Such activities have hazards including, but not limited to, drowning, unpredictable weather, water hazards, equipment failure, strenuous physical exertion, bodily fatigue, the reckless or negligent operation of other watercraft, limited availability of medical assistance and the possible reckless or negligent conduct of other individuals. I recognize that the Program may involve risk of injury to my child and, to the extent permitted by law, I agree to accept any and all risks associated with it, including but not limited to property damage or loss, minor bodily injury, severe bodily injury, illness and death.

I have received a copy, read and understand [Western's Bringing Children to Western Policy](#). I understand that children are welcome to attend youth programs affiliated with the University in accordance with each program's rules and other requirements for the children and their parent or guardian. I also understand that Western is not responsible or liable for any injury to a child, unless caused by the negligence or willful misconduct of the University, its officers, agents, volunteers, or employees.

I understand that Western does not have the facilities to care for children who are unable to continue to participate in the Program, for whatever reason. I agree to keep myself readily accessible to pick up my child immediately when notified by Western.

I understand and acknowledge that a medical emergency may develop which necessitates the need for medical treatment for my child. If I am unable to be contacted in event of such emergency, I hereby authorize the University and its officers, agents, volunteers or employees to arrange or provide any necessary emergency medical treatment.

I have read and understand this agreement.

Name of Parent/Guardian of Child Listed Above (please print)

Signature of Parent/Guardian

Date