



YOUNG GOOMBAY ADVENTURERS WAIVER AND RELEASE FORM

APPLICATION FOR PARTICIPATION

CHILD INFORMATION: PLEASE USE ONE FORM PER CHILD

Child's Name: _____ Gender: M ___ F ___ DOB: _____

Address: _____ City: _____ St: _____ Zip: _____

Please mark one of the following ethnic identities:

___ American Indian ___ Hispanic or Latino ___ Alaska Native
___ Asian ___ White
___ African-American ___ Native Hawaiian

PARENT/GUARDIAN INFORMATION

Custodial Parent/Guardian: _____

Address: _____ City: _____ St: _____ Zip: _____
(If Different from above)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

CONSENT

Medical Insurance is not provided by Young Goombay Adventurers for children participating in any Outdoor Adventure Youth Programs/Activities. *A copy of the child's medical insurance must be submitted with this application.*

Medical Insurance Company

Medical Insurance ID#

If medical insurance card cannot be provided on the day of the event please initial: _____

I/We grant permission for our child named above to take part in the Outdoor Adventure Youth Program/Activity provided by Young Goombay Adventurers. I/We agree to assume all financial responsibility in case of injury or accident arising from such event(s). In case of injury or illness, I authorize Young Goombay Adventurers staff to administer treatment.

SIGNATURE OF PARENT/GUARDIAN

DATE