SPORTS AND ATHLETICS SECTION
77 Read's Way • New Castle, DE 19720
(302) 395-5890 (office) (302) 395-5892 (fax) (302) 395-5891(inclement weather)
www.nccdesports.com

YOUTH WAIVER / PERMISSION SLIP

I give permission for my child to participate in the _____ Sports Program sponsored by New Castle County. I agree that my child will abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in her being excluded from participation in the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the program, New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of her participation in the program.

I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for lost, misplaced, stolen, and/or damaged property and I hereby agree to release New Castle County from such liability.

The undersigned has read and voluntarily signed this waiver / permission slip.

Participant Name (print) _____ Date of Birth _____

Team Name _____ Uniform No. _____

Parent / Guardian Name (print) _____ Signature _____

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