



**10.0 ACADEMY**  
**181 Great Rd. Stow MA 01775**  
**(978)897-8184 fax (978)897-8198**

**Participation Waiver/Release**

Each child must have this waiver/release form signed by their parent or guardian. Forms need to be signed and returned before participating in any activity.

Child's Name \_\_\_\_\_

Boy / Girl                      Age \_\_\_\_\_                      D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Contact person \_\_\_\_\_

Please list any medical information we should be aware of / allergies:  
\_\_\_\_\_

**AUTHORIZATION OF PARTICIPATION:**

I, as parent or legal guardian of above named, hereby give permission to said son/daughter to participate at 10.0 ACADEMY. I understand that all sports have inherent risks involved. I agree to release 10.0 ACADEMY, and all instructors and assistants from any liability from harm or injury arising from participation in these activities. I hereby testify as to my child's sound health of mind and body and I authorize 10.0 ACADEMY to seek medical treatment at the nearest Medical Facility in case of emergency.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Date

Printed Name: \_\_\_\_\_