



## We Will Collective

# Camp Expectations & Waiver

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### EXPECTATIONS

Players will arrive with a water bottle. Athletes are expected to appreciate honest coaching and be respectful of themselves, their teammates, their opponents, the staff, and the facility.

Parents are welcome to drop off or stay at the facility as desired.

We ask that non-participants refrain from freely roaming the facility without proper supervision.

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### WAIVER

**Name of Participant** \_\_\_\_\_

**Current age of Participant** \_\_\_\_\_

Pick-up Procedures: Children will not be permitted to leave the building until a parent, guardian or previously signed person is ready to pick-up. We will always be open 15 minutes early and have 15 minutes after for pick up as needed.

**Parent/Guardian Name** \_\_\_\_\_

**Parent/Guardian Phone Number** \_\_\_\_\_

**Parent/Guardian Email** \_\_\_\_\_

**List any alternate pick-up person(s)** \_\_\_\_\_

\_\_\_\_\_  
**Emergency Contact & Phone Number** \_\_\_\_\_

**MEDICAL INFORMATION**

Please list ALL food and/or non-food allergies for the Participant \_\_\_\_\_

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Please list ALL medical conditions or challenges for the Participant \_\_\_\_\_

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Please list any activities the Participant should be exempted from for health reasons or require special accommodations \_\_\_\_\_

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**MEDICAL & LIABILITY LEASE WAIVER**

In the event of sickness or some medical emergency, I request that my child receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor and/or health care provider to transport, treat, and/or admit care of my child. In the event that I am not present at the time of the emergency or cannot be contacted, my care decisions have been entrusted to the staff of We Will Collective.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTOGRAPHY RELEASE**

I give permission for my child to be photographed during the We Will Collective camp/event. I acknowledge that such photos may be used online, on websites and social media accounts. I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Yes, I grant permission \_\_\_\_\_ No, I do not give permission \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_