

CHAMPION

TRAINING ACADEMY

GENERAL WAIVER

I, the parent/guardian of the below named candidate for a position in the Champion Training Academy, hereby give my approval to participate in any and all C.T.A. activities during the **2016-2017 season**. I do hereby waive, release, absolve, and agree to hold harmless Champion Training Academy, coaches, and trainers. My signature on this form indicates I have read, understand, and abide by the following information. I authorize Coach Rix & C.T.A., in the event of a medical emergency, to transport and/or seek medical treatment for my child.

This form must be signed by a parent or guardian if the participant is under 18 years of age.

Athlete _____ Date _____

Parent/Guardian _____ Date _____

Emergency Contact

Contact _____

Relationship _____

Phone Number _____