



359 Baig Blvd.  
Moncton, NB, E1E 1E1  
506 962 0710  
[info@crossfitmoncton.com](mailto:info@crossfitmoncton.com)  
[www.crossfitmoncton.com](http://www.crossfitmoncton.com)

## Kids Waiver / Emergency Card & Photo Release

Name of participant: \_\_\_\_\_ Sex:  M  F Date: \_\_\_\_\_  
Day / Month / Year

Parent/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alternate Phone (Parent's cell phone): \_\_\_\_\_

Parent Email: \_\_\_\_\_

Participant's DOB: \_\_\_\_\_  
Day / Month / Year

Physician's name: \_\_\_\_\_ Date of last physical: \_\_\_\_\_  
Day / Month / Year

In case of emergency please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all current medications:

	Medicine	Dosage	Reason
A			
B			
C			

Has your child ever been restricted from physical activity for medical reasons? Please explain:

The following people have my consent to pick up my child from CrossFit Moncton 359 Baig Blvd. Moncton, NB, E1E 1E1

Name / Cell Phone: \_\_\_\_\_

Name / Cell Phone: \_\_\_\_\_

Name / Cell Phone: \_\_\_\_\_



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### Waiver

By signing this document, I acknowledge that it has been suggested to me by CrossFit Moncton to obtain a physician's examination for my child and approval prior to him/her beginning this exercise program. I fully understand that the program is strenuous and choose to have my child participate. I accept all responsibility for my child's health and any resulting injury or mishap that may affect his/her well-being in any way. I hold harmless of any responsibility the instructor, the facility or any persons involved with this program or testing procedures.

Parents Name \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent / Guardian (for participants under age 18) \_\_\_\_\_

Witness \_\_\_\_\_

### Photo Release

I hereby give permission for images of my child, captured during regular and special activities, through video, camera and digital camera, to be used solely for the purposes of CrossFit, CrossFit Kids or Licensed CrossFit affiliate promotional material publications and website. I waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the internet or website.

Name of Minor \_\_\_\_\_

Date \_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_

Signature \_\_\_\_\_