



520 Edinburgh Dr
 Moncton, NB, E1E 4C6
 506 962 0710
info@crossfitmoncton.com
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

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 520 Edinburgh Dr. Moncton, NB.

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 _____