



Moose Mountain Wado Kai Karate Club

Moose Mountain Wado Kai Trip Waiver

Tournament trip consent form for May 24 – 28, 2017
Destination: *Simcoe/Niagara Falls, ON*

Having read and understood the details of this specific field trip, I give permission for _____ (child's name) to participate in the trip to Simcoe/Niagara Falls, ON.

By signing this form and permitting my child to participate in this field trip, I/we, as parent(s)/guardian(s) acknowledge that we are aware of the risks associated with this field trip, and agree to release and hold harmless the Moose Mountain Wado Kai Karate club, and their respective agents, and employees, from and against any and all claims for damages or bodily injuries arising out of my/our child's participation in this above authorized Field Trip.

Date _____ Name (please print) _____

Signature _____
(Custodial parent/Guardian)

Moose Mountain Wado Kai Karate - Medical Details

Name of Participant: _____ Phone: Hm: _____ Cell _____

Email: _____

Health Number:
Emergency contacts:
Medications:
Diet Restrictions:
Other: