

## K-12 Open Gym Emergency Contact Form

*\*Participants must check in each time and have an emergency contact form on file or they will be asked to leave.*

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone of Parent \_\_\_\_\_

Medical Concerns/Allergies \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

*(in case the parent/guardian cannot be reached)*

### **Waiver for Participation**

“As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which I/my child/my ward may sustain as a result of participating in any and all activities connected with the Cambridge Community Activities Program. I agree to waive and release any and all rights and claims for damages/injuries I/my child/my ward may have as a result of participating in this program against the Cambridge Community Activities Program, its employees and volunteers.”

\_\_\_\_\_  
Signature (Parent or Guardian if under 18 yrs)

\_\_\_\_\_  
Date

**\*Return form to Cambridge Community Activities Office, Rm 115D Cambridge High School or bring with to open gym. For more information, please contact Ben at 423-8108.**

*For office use only.*

|          |        |
|----------|--------|
| 11/13/11 |        |
| 11/20/11 |        |
| 11/27/11 |        |
| 12/4/11  |        |
| 12/11/11 |        |
| 12/18/11 |        |
| 12/25/11 | CLOSED |
| 1/1/12   | CLOSED |
| 1/8/12   |        |
| 1/15/12  |        |
| 1/22/12  |        |
| 1/29/12  |        |
| 2/5/12   |        |
| 2/12/12  |        |
| 2/19/12  |        |
| 2/26/12  |        |
| 3/4/12   |        |
| 3/11/12  |        |