

*The Club at Glenmore 2025
Junior Program Waiver Form*

Member No. _____ Date _____

Child's Last Name _____ First Name _____
Birthdate _____ Age _____

Mother's/Guardian's Name _____
Phone _____ Cell _____

Father's/Guardian's Name _____
Phone _____ Cell _____

Address _____ Email _____

City _____ State _____ Zip _____ Home Phone _____

Alternate emergency contact _____

Emergency Number _____ Cell _____

Does your child have any special medical problems? No Yes
If yes please Specify: _____

Does your child take any medication? No Yes
If yes please Specify: _____

Is your child allergic to any foods or drugs? No Yes
If yes please Specify: _____

If yes, does your child require epinephrine? No Yes

If yes, please specify location of his/her epinephrine medication: _____

Is your child allergic to insect bites of any kind? No Yes
If yes please Specify: _____

Is your child unable to participate in any camp activities? No Yes
If yes please Specify: _____

When did your child receive his/her last Tetanus shot? Date _____

Release Waiver

I give permission for my child to participate in Glenmore Sports program activities with the understanding that camp activities may involve a certain degree of risk. I understand certain dangers, accidents, and/or injuries may occur. I, on behalf of myself, my personal representatives, heirs, administrators, agents and assigns, and any and all entities or persons claiming rights by or through me, agree to and hereby release and discharge Virginia Club Holdings (DBA The Club at Glenmore) its officers, employees, agents, affiliates, partners, and insurers, from any and all claims or causes of action, both known and unknown and whether arising out of negligence, tort, contract, warranty, or otherwise which may arise from camp activities, including but not limited to my child's use of the Club facilities and participation in camp activities. I will notify the Club staff in writing of activities in which I do not wish my child to participate. In case of emergency if I, parent, guardian or emergency contact cannot be reached, I hereby give permission to the physician selected by the staff person to hospitalize, to secure proper treatment, and order injection, anesthesia or surgery as needed for my child as named above.

Signature of Parent/Guardian _____ Date _____