



# ONE WORLD GAMES

“Bridging cultures, one game at the time.”

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Height (In Inches): \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

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

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

School Name: \_\_\_\_\_

## Parent/Guardian Consent

I the undersigned, certify that my child is in good health and may participate in all camp activities. In case of medical emergency, I hereby give permission to the staff of One World Games, to act for me according to their best judgment in any emergency requiring medical attention. I hereby waiver and release its coaches, staff and owners from any and all liability for any injuries or illness incurred while at camp. Any expense from injury or illness is the responsibility of the person signing below: It is mandatory that we have the following information:

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

Medical Conditions (allergies, medications, recent illness, injuries) that you want the staff to know about:

\_\_\_\_\_

**More Information Contact: Fabio Malavazzi**

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**Phone 203 648-4613**