



WILLOWICK RECREATION DEPARTMENT

**COMMUNICATION WAIVER**

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(Must be completed by parent or guardian)

**CHILD'S INFORMATION**

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

Boy / Girl    Date of Birth \_\_\_\_\_    League/ Sport: \_\_\_\_\_

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**CONTACT INFORMATION**

I hereby give my permission for the following phone numbers to be used for communicating information regarding league practices, games and other league issues.

**PARENT/GUARDIAN**

Phone # (\_\_\_\_) \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone # (\_\_\_\_) \_\_\_\_\_ Name: \_\_\_\_\_

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

**CHILD (OPTIONAL)**

Phone # (\_\_\_\_) \_\_\_\_\_

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

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_