



## **Under 18 Emergency Card & Photo Release**

Child/Minor Name (and nickname if any): \_\_\_\_\_

DOB: \_\_\_\_\_

Emergency Contact name/cell phone number: \_\_\_\_\_

What information do I/we need to know so that I/we may provide the best care for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Cell phone with area code: \_\_\_\_\_

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

Home phone with area code: \_\_\_\_\_

Work phone with area code: \_\_\_\_\_

**Spouse/Partner:** \_\_\_\_\_

Cell phone with area code: \_\_\_\_\_

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

Home phone with area code: \_\_\_\_\_

Work phone with area code: \_\_\_\_\_

**The following people have my consent to pick up my child from Bainbridge Island CrossFit**

Name/Cell phone with area code: \_\_\_\_\_

Name/Cell phone with area code: \_\_\_\_\_

### **Photo Release**

I hereby give permission for images of my child, captured during regular and special activities, through video, camera and digital camera, to be used solely for the purposes of CrossFit, CrossFit Kids or Licensed CrossFit affiliate promotional material publications and website and waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the internet or website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Bainbridge Island CrossFit**

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