

Wildcat Warm-up Participation Form
(Please bring this completed form to Wildcat Warm-up Registration)

Name _____ Date of Birth _____

Sex F M

Emergency Contact

Name _____

Relationship to you _____ Phone _____

Please describe any conditions, allergies, dietary restrictions or other concerns that may impact your participation in this program:

I verify that the information on this form is accurate. I understand the Wildcat Warm-up participants will be closely supervised and agree that the Wildcat Warm-up Staff, Counselors, and Kansas State University are not responsible in case of injury or illness. I grant my consent for emergency medical care, as determined necessary by a licensed physician.

Signature of Participant _____ Date _____

I give permission for _____ to participate in supervised activities as indicated.

Signature of Parent _____ Date _____
(if participant under 18)

Signature of WWU Staff at check-in _____