



**WILLOWICK RECREATION DEPARTMENT
COMMUNICATION WAIVER**

(Must be completed by parent or guardian)

CHILD'S INFORMATION

LAST Name: _____ FIRST Name: _____

Boy / Girl Date of Birth _____ League/Sport: _____

CONTACT INFORMATION

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

PARENT/GUARDIAN

Phone# (____) _____ Name: _____
(PLEASE PRINT)

Cell # (____) _____

EMAIL Address: _____
(PLEASE PRINT)

Phone# (____) _____ Name: _____
(PLEASE PRINT)

Cell # (____) _____

EMAIL Address: _____
(PLEASE PRINT)

CHILD: (OPTIONAL)

Phone# (____) _____

Cell # (____) _____

Signature of Parent/Guardian: _____ Date: _____