

**WILD OLYMPIANS
REGISTRATION FORM
2024-2025**



WILD ROOTS
HOLISTIC LEARNING CENTER

Student Name: _____ Age: _____

Parent's Name: _____

T-Shirt Size: _____

WAIVER

I, _____, the parent/guardian of the registrant, a minor, acknowledge the possibility of physical injury associated with this outdoor sports activity and release Wild Roots and its staff members from all liability for any injuries sustained while participating in Wild Olympians activities.

By signing below, I agree with the statement above.

Parent Signature: _____ Date: _____

OFFICE USE ONLY:

PAID

ROSTER