



for community, sports & recreation

little kids, active learners.

**IMMUNIZATION WAIVER FORM**

I/We \_\_\_\_\_ have made  
(parents or guardians)

the decision **not to immunize** our child \_\_\_\_\_  
(child's name)

We therefore will not hold \_\_\_\_\_ *little kids, active learners* \_\_\_\_\_  
(name of program)

responsible for any incurred illnesses that my child may contract while registered in the program.

Parent signature: \_\_\_\_\_

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

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