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| **PLEASE PRINT** | **MEDICAL/EMERGENCY RELEASE FORM** | **PLEASE PRINT** |

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| **ATHLETE’S INFO**   |  |  |  |  | | --- | --- | --- | --- | | **NAME** |  | **DOB** |  |  |  |  | | --- | --- | | **HOME ADDRESS** |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **CITY** |  | **ZIP CODE** |  | **HOME #** |  | |

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| **PARENT’S INFO**   |  |  |  |  | | --- | --- | --- | --- | | MOM’S NAME |  | CELL # |  |  |  |  |  |  | | --- | --- | --- | --- | | DAD’S NAME |  | CELL # |  |  |  | | --- | | **\***PLEASE PROVIDE AN EMAIL THIS IS OUR FORM OF COMMUNICATION WITH YOU. **\***  **EMAIL** |  |  |  |  |  | | --- | --- | --- | --- | | EMERGENCY CONTACT |  | PHONE # |  | |

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| Have you had any serious illness, surgery or injury? If yes, please describe and give date |
| Do you have any medical problems or allergies that may interfere with this sport? |
| Describe the problem or limitations and list any medications needed |

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| **HEALTH INSURANCE CO** | **POLICY #** |
| **FAMILY DOCTOR** | **PHONE #** |

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| **MEDICAL TREATMENT AUTHORIZATION AND LIABILITY/APPEARANCE RELEASE**  I understand that there are risks of physical injury (including but not limited to cuts, sprains, broken bones and/or catastrophic injury) associated with, arising out of and inherent to the activity taking place during this sport. In recognition of this acknowledged risk of injury, and of all claims of negligence, arising as a result of such activity from which liability could accrue to the instructors, assistants and volunteer parents.  I hereby agree to release instructors, assistants and volunteer parents and hold instructors, assistants and parent volunteers harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in this sport on behalf of the member.  I am aware that this is a release of liability and acknowledgement of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and of my own free will in exchange for this privilege of participation.  If I am a minor, my parent and/or legal guardian has signed this document releasing instructors, assistants and volunteer parents from any and such liability described above and have acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this sport.  The above named student has my permission to participate in said sport (cheer/dance/stunting team/gymanstics) I have completely read and understand the above release information. I hereby authorize the sport instructors, assistants and volunteer parents to act in behalf to provide emergency medical treatment. I further release the instructors, assistants and volunteer parents of all liabilities associated with my child’s attendance at competitions and/or special events and classes.   |  |  |  | | --- | --- | --- | |  |  |  | | PARENT/LEGAL GUARDIAN |  | DATE | |

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| **OFFICE USE** |