

U.S. CHEER MEDICAL AND LIABILITY RELEASE FORM

PLEASE NOTE: Each participant must complete this form and give it to the coach to be turned in at registration. If the participant is under the age of 18 the form must be completed by a parent/guardian. Any participant who does not present his/her form at the competition/camp/clinic will not be permitted to participate. DO NOT MAIL THIS FORM TO THE U.S. CHEER OFFICE.

Participant's Name: _____ Date of Birth: _____

Sex _____ Age: _____

School/Squad/TeamName: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

If parent/Guardian cannot be reached contact: _____ at this number (_____) _____

Insurance Carrier: _____ Policy # _____

Family Physician: _____ Physician's # _____

MEDICAL HISTORY: Please provide details for all that apply below.

Allergies: _____	High Blood Pressure: _____
Asthma: _____	Recurring Sore Throat/Ears Infection: _____
Convulsions: _____	Medications Currently Taking: _____
Diabetes: _____	Pre-existing Injury Currently Being Treated: _____
Migraines: _____	Medical Condition Currently Under Treatment: _____
Heart Trouble: _____	Abnormal/Irregular Menstrual Spells: _____
Contact Lenses: _____	Epilepsy/Fainting Spells: _____
Mental Disorders: _____	Other: _____
Daily Medication and Schedule: _____	

I authorize U.S. CHEER to use promotional photographs, video and audio taken of my child during this event in future publications or distributions (camp brochures, special events files, DVDs, website, etc.).

I hereby grant permission to a licensed hospital and/ or health center staff members to administer immediate medical treatment as deemed necessary to my child during the U.S. CHEER event being held at _____ on the dates of _____. Further, I understand that I am responsible for payment of expenses incurred relating to my daughter's/ son's medical treatment. If my daughter/son participates without insurance coverage, I acknowledge that I am fully responsible for the entire expense of medical treatment.

I acknowledge and understand the risks involved in this event and grant permission for my child to attend and assume those risks. I further agree to hold harmless U.S. CHEER and its affiliates, the university, event facility, college, host school, or camp and its affiliates, and all associated officers and staff for any injury sustained as a result of my daughter's/son's participation in this activity. U.S. CHEER promotes safety and follows National Federation guidelines, and therefore cannot assume responsibility for any accidents or injuries that may occur.

Parent/Guardian Signature _____

Date _____