

Rochester Elite All Heat, Inc.
2010 – 2011 Medical Release Form

Participant's Name _____

Date of Birth _____ Sex _____

Parent / Guardian Name _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell () _____

Email _____

Emergency Contact other than parent: _____ Relationship _____

Home Phone () _____ Cell () _____

Insurance Carrier _____ Policy # _____

Family Physician _____ Phone number _____

Medical History , please provide details for all that apply:

Allergies _____

High Blood Pressure _____

Asthma _____

Recurring sore throat / Ear infection _____

Convulsions _____

Epilepsy / fainting spells _____

Diabetes _____

Migraines _____

Heart Trouble _____

Pre-existing injury currently being treated _____

Medical conditions currently being treated _____

Contact Lenses _____

Medications currently taking _____

Daily Medication and Schedule _____

Other _____

I hereby grant permission to licensed hospital and / or health center staff members to administer immediate medical treatment as deemed necessary to my child should he/she be injured during an R.E. All Heat supervised event, practice, camp, clinic, competition, special event. Further I understand that I am responsible for payment of expenses related to treatment. I understand that there is a risk involved in the sport of cheerleading and the training of cheerleading and gymnastics and the risk of injuries includes minor injuries such as bruises and more serious injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. R.E. All Heat strives to provide the maximum in safety procedures and guidelines, and therefore cannot assume responsibility for any accident or injuries that may occur. By signing below, I acknowledge the above release.

Parent / Guardian _____ Date _____