

**Medical Release And Liability Form**  
**(Must be Filled out entirely. Please do not skip any questions)**

E-Mail \_\_\_\_\_ Date: \_\_\_\_\_ Sex: M F

Cheerleaders Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: GA Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance and Medical Information**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Medical Information	Heart Condition or disease	Asthma
	Diabetes	Convulsions

**Medical Information Allergic to (if any)**

I \_\_\_\_\_ authorize the Middle Georgia Cheer Extreme, Inc. and the Middle Georgia All-Stars to use appropriate promotional photographs taken of my child during any event, class, or practice in future publications or distributions (flyers, brochures, special events, web pages, etc.)

Vigorous Activity: The sport you will be participating in will involve vigorous athletic activity and may include stunts, mounts, gymnastics, jumps and dance. Due to the nature of the activity, we wish to inform you that the possibility of serious injury/death does exist as with any athletic activity.

Parental Consent: I / we authorize the Middle Georgia Cheer Extreme, Inc., the Middle Georgia All-Stars, and its staff volunteers and officers to seek treatment for any injury or illness to our child while participating and also authorize the physician and / or hospital to perform treatment to any illness or injury to my / our child. I / we have read the above information about the risk of vigorous athletic activity. The participant is in good health and physically capable of participating in any practice, class, or event.

I / we acknowledge and understand the risks involved in the event and grant permission for my / our child to participate and assume those risks. I / we further agree to hold harmless the Middle Georgia Cheer Extreme, Inc., the Middle Georgia All-Stars, and its affiliates, and all associated officers and staff for any injury sustained as a result of my son's / daughter's participation in any and all events and / or travel. The Middle Georgia Cheer Extreme, Inc. and the Middle Georgia All-Stars strives to provide the maximum in safety procedures and guidelines for all involved. I / we in my / our own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian \_\_\_\_\_