

## Maine Event Cheer & Training Center Participant Information and Medical Release Forms

Students Name: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day Time Phone \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 T-Shirt Size \_\_\_\_\_

Mothers Name \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day Time Phone \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Fathers Name \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day Time Phone \_\_\_\_\_  
 Email Address: \_\_\_\_\_

In case of an Emergency Please Notify: \_\_\_\_\_

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

Home Phone & Cell Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

**Participants Medical Information:**

- 1 Have any existing medical problems? Yes No  
 Asthma Diabetes Seizures heart problems Musculoskeletal problems  
 (I.e. back neck bone, joint) Other: \_\_\_\_\_
- 2 Have to use medications on a regular basis? Yes No  
 If yes what: \_\_\_\_\_
- 3 Wear any devices? Eyeglasses/Contacts Hearing Aids Dental Appliances  
 Splints Orthotics Other: \_\_\_\_\_
- 4 Have any medical conditions that might interfere with his/her participation in the sport of  
 cheering, tumbling, strength training ? Yes No  
 If yes what: \_\_\_\_\_
- 5 Have any allergies? Yes No  
 Allergic to medication Yes No  
 Allergic to Insect Bites Yes No  
 If yes what: \_\_\_\_\_
- 6 Additional Medical Information that may be helpful  
 \_\_\_\_\_

Physicians Name \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Policy/Group Number \_\_\_\_\_

Emergency Medical Care Authorization In the event that the Participant should become injured or ill while with Maine Event Cheer & Training Center or related activity in which the Participant is involved, we hereby authorize Maine Event Cheer & Training Center its agents to arrange "Whatever emergency necessary and reasonable at the time, including transport to a local hospital Emergency Department, and agree to be solely responsible for all expenses and costs related to such emergency treatment and agree to indemnify Maine Event Cheer & Training Center for any expenses and costs it may incur in such treatment.

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

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

\_\_\_\_\_