

# ROCKSTAR ATHLETICS ALL-STAR CHEER

## EMERGENCY MEDICAL RELEASE

Athletes Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Parent Name(s): \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's name \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Father's name \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

(Emergency Ph.) If parent could not be reached, please contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctors Number: (\_\_\_\_) \_\_\_\_\_

Have you had any serious illness, surgery, or injury? If yes, please describe and give date(s):

\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical problems or allergies that may interfere with the participation in the Rockstar Athletics Gym?  
If so, please list \_\_\_\_\_

Do you have medication for this, with you? If yes, please describe \_\_\_\_\_

Age (As Of August 31, 2010): \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_

### 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 at the Rockstar Athletics cheer gym. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, arising as a result of such activity from which liability could accrue to the Rockstar Athletics, its officers, employees, instructors, subsidiaries, parent corporations and all affiliated entities (hereinafter collectively referred to as "Rockstar Athletics"), as well as Sawyer Enterprises, the owner of 5020 Heintz St. Unit A Baldwin Park, CA 91706.

I hereby agree to release Rockstar Athletics and hold Rockstar Athletics 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 the Rockstar Athletics cheer gym on behalf of the participant. 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 the privilege of participation.

If I am a minor, my parent and/or legal guardian has signed this document releasing Rockstar Athletics from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this activity/participation.

The above names student has my permission to attend/participate in the Rockstar Athletics cheer gym. I warrant the above information is complete and correct. I have completely read and understand the above release information. I hereby authorize the event director or their agent to act in my behalf to provide emergency medical treatment. I further release Rockstar Athletics of all liabilities associated with my child's attendance and any participation/activity in the Rockstar Athletics cheer gym.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date