



Medical Authorization / Absolute Liability Release



Student's Name _____ / _____ / _____
Last First Middle Initial

Street Number _____

City State Zip _____

Date of Birth ___/___/___

Home Phone Number (____) _____

Mother's Name _____

Mother's Mobile/Cell phone Number (____) _____

Father's Name _____

Father's Mobile/Cell Phone Number (____) _____

Emergency Contact (other than Family) _____

Emergency Contact Number (____) _____

I hereby authorize Southern Athletics, inc. d.b.a. SCA or anyone they may designate to treat my son/daughter _____ for injuries or illness they may incur while participating in activities, tumbling, cheerleading etc. at Southern Athletics, inc. d.b.a. SCA

I authorize necessary treatment and admission for any hospitalization designated by Southern Athletics, inc. d.b.a. SCA or their designate.

It is understood that parents or their agents will be called upon to give additional authorization if advanced treatments are necessary.

ABSOLUTE RELEASE OF LIABILITY

I recognize the potential for injury which can occur in gymnastics/tumbling/Cheerleading type activity. I hereby consent for myself and for the above named student to participate in gymnastics/tumbling - cheerleading activity on equipment used by Southern Athletics, inc. d.b.a. SCA, and do hereby, for myself and the above named student, waive and release any and all rights and claims for damages that I or the above named student may have at any time against Southern Athletics, inc. d.b.a. SCA, or any of its agents for any injury or damages in connection with my or my child's association with gymnastics/tumbling - cheerleading and not limited to and or any other activity associated with or sponsored by Southern Athletics, inc. d.b.a. SCA.

PARENT/ LEGAL GUARDIAN SIGNATURE

DATE

E - MAIL Address _____