

# The Pride of Texas All-Stars, L.L.C.

## Medical Authorization and Consent of Parent/Legal Guardian

for \_\_\_\_\_

We, the staff of The Pride of Texas, L.L.C recognize our obligation to make our students, and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading, and dance.

Parents need to help coaches make student aware of possible injuries in cheerleading and encourage your gymnast to follow ALL SAFTEY RULES and coaches instructions. Cheerleading, tumbling, trampoline, and dance can be dangerous and lead to injury. The coaches will teach each student methods and techniques to avoid injuries. Students will be required to practice these techniques before attempting high-risk gymnastics and cheerleading.

I, the parent/guardians of the above student, fully understand that The Pride of Texas, L.L.C staff members are trained ONLY in basic emergency medical treatment and cheerleading safety. I hereby release them to render first aid to my child or children in the event of any injury and if deemed necessary by the staff to seek emergency medical attention, including emergency transport by ambulance to the local health care facility or hospital.. \*Please attach copy (front & back) of athlete's insurance card.

Being fully aware of the risks involved in, I consent to have my child participate in the programs offered by The Pride of Texas, L.L.C. I hereby release The Pride of Texas, L.L.C. staff from liability for any losses or damages occurring, as a result of my child participation in tumbling, cheerleading, trampoline or dance. I also will help my children understand the risks involved in tumbling and cheerleading and encourage them to be on equipment or tumble only when being supervised by a staff member of The Pride of Texas L.L.C. and motivate them to practice their basic/acquired skills at home so that they may progress and be successful and have a positive learning experience.

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**Parent/Guardian Signature**

**Date**

I, \_\_\_\_\_ (athlete signature), understand risks of participation in cheerleading, tumbling, trampoline and dance, and agree to follow coaches' instructions, practice safety, and will not attempt to try new skills at home or at the gym unless given permission by coaches.

*(Must complete back side of form with medical information)*

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle the following conditions:

Allergies  
Convulsions/ Epilepsy  
Migraines  
Asthma  
Heart Problems  
Contact Lenses

ADD/ADHD  
Diabetes  
High Blood Pressure  
Kidney/ Liver problems  
Bone/Joint Problems  
Psychological Problems

Comments: \_\_\_\_\_

Medicines: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Attach copy of Insurance Card:

Front side

Back Side