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PARENTAL RELEASE AND CONSENT FORM

This form is required for all competition-level dancers. This form will accompany the athlete whenever she competes and it allows for medical treatment in case of injury while in the care of Flying High (FH) coaches and/or staff.

Team Member's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone # _____

Date of Birth: _____ Gender _____

Parent's/Guardian's Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone # _____

Cell Telephone # _____

Emergency Contact Name (other than parents) _____

Contact Telephone # _____

Contact Cell Telephone # _____

Relationship to Member: _____

Medical/Insurance Information

Physician's Name: _____

Address: _____

Telephone # _____

Do you carry medical/hospital insurance _____ If yes, please provide information below).

Insurance Company: _____

Insurance Policy #: _____

Known Allergies (including allergies to medicine) : _____

Reaction: _____

Athletes' Medication _____

Height: ____ ft. ____ in. Weight: ____ lbs Blood Type: _____

Does the athlete have Asthma? Yes or No

Does the athlete have Diabetes? Yes or No

Does the athlete have Contact Lenses? Yes or No

I, _____
(Parent/Guardian's Name) hereby give permission for any medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc. under the direction of Flying High personnel, until such time as I may be contacted. I understand that, as in any sport, the possibility of serious injury, paralysis and/or death is present. I also assume the responsibility for the payment of any such treatment for the child named above. Additionally, in the event of an emergency, and parent/guardian cannot be contacted, I designate FH, it's coaches and/or staff to act on my behalf and give them my permission to obtain and sign for medical treatment for the child named above.

Parent/Guardian Signature _____ Date: _____

MEDICINE WAIVER

As your girls spend a lot of time at the gym, and as dancing and cheering are very physical activities, it is not unusual for us to hear complaints of occasional pain or headache. If your girls are uncomfortable we would like to help them but we cannot dose any medicine without your permission. We have both acetaminophen and ibuprofen at the gym and can administer to your child if we have a returned form. We will update forms on an annual basis.

If your child is requesting medicine on a regular basis, you will be notified.

Thank you,

My daughter, _____ MAY receive
medicine at Flying High.

Acetaminophen (Tylenol) 500mg. _____#tablets

Ibuprofen (Motrin) 200 mg. _____#tablets

Chewable acetaminophen 80 mg. _____#tablets

My daughter, _____ MAY NOT receive
any medicine at Flying High.

Parent Signature X _____ Date _____