



Cheer Camp & Clinic

Waiver & Medical Information Form

Cheerleader's Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Cheerleader's Cell Phone _____ Cheerleader's Email Address _____

Parent/Guardian Name(s) _____

Parent's Cell Phone _____ Parent's Email Address _____

Emergency Contact Name _____ Phone _____

Special Medical Problems (ie. Asthma, Diabetes, etc.) _____

Allergies _____

Doctor _____ Phone _____

Medical Insurance _____ Policy Number _____

As a legal guardian of _____, I hereby consent to the aforementioned child participating in the Cheer University Camp/Clinic. I recognize that potentially severe injuries including permanent paralysis or death can occur in any activities involving height or motion including tumbling, cheerleading and related activities.

I understand that it is the express intent of Cheer University to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release Cheer University, their officers, employees, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Cheer University. I acknowledge that I accept the risk and waive the option to sue, should my child, or any child I am responsible for sustain an injury. By waiving the option to sue, I also hereby release Cheer University LLC and its agents and employees from liability for such injury

As a legal guardian of the aforementioned child, I hereby agree to individually provide future medical expenses which may be incurred by my child as a result of any injury sustained while training at or performing for Cheer University.

This acknowledgement of risk and waiver of liability has been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature

Date

As a legal guardian of the aforementioned child, I give The Cheer University staff permission to give my child simple first aid or to be transported to the hospital to receive emergency medical treatment.

Parent or Legal Guardian's Signature

Date