



PO Box 16912
Greensboro, NC
27416
336.253.5348

Cheer and Dance, Inc.
All-Stars

Athlete Information & Medical Release Form

Please fill out all information that applies:

Athlete Name: _____ Main Phone: (____) _____
Address: _____ 2nd Phone: (____) _____
City/State/Zip: _____ Fax Number: (____) _____
Parent Name(s): _____ Athlete Email: _____
Current School: _____ Parent Email: _____
Date of Birth: _____ Parent Daytime Ph: (____) _____

Medical Authorization and Release

I authorize CA Cheer and Dance, Inc. and its parties to consent to medical treatment for my child when I cannot be reached to so consent. I also give CA Cheer and Dance, Inc. permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to CA Cheer and Dance instruction, practices, or performances. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization. Participant has elected to take part in certain recreational activities. In consideration for and as a condition of such participation, participant agrees to assume all risk involved with participation and agrees to hold CA Cheer and Dance, Inc., and it's parties, harmless from all suits, claims, or demands of every kind and character arising out of or in connection with the said athlete as a participant in said recreational program. Participant further releases CA Cheer and Dance, Inc. and it's parties from all suits claims or demands of every kind and character which participant or participant's successors or assigns shall or may have arising out of or by reason of or in connection with the course of instruction and activities contemplated in the program. It is understood that participation in this activity could result in serious injury and/or death. It is declared that said participant is physically fit to participate in the program and is in good physical condition.

Parent/Legal Guardian signature: _____

Date _____

Please list any physical/psychological limitations, injury, or weakness that may affect the athlete:

Any medicines allergic to:

Doctor: _____ Phone: (____) _____

Insurance Carrier: _____ Policy Number: _____

Emergency Contact: _____ Phone: (____) _____