

# MEDICAL EMERGENCY RELEASE FORM

**NOTE:** No Cheerleader will be allowed to participate without this form signed by a parent or guardian. The coach CAN NOT sign for the parent. Please make copies of this form for each cheerleader and parent to sign. Turn in at the Welcome Table on Competition Day.

SCHOOL NAME:	SQUAD TYPE:	COACH'S NAME:	
CHEERLEADER'S NAME:		<b><u>ARE YOU COMPETING IN : CIRCLE ONE</u></b> ALL STATE JR G SR G JR B SR B BEST JUMPS YES/NO BEST CHEER YES/NO	
HOME ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	WORK PHONE:	EMAIL:
DO YOU HAVE ANY DRUG OR OTHER ALLERGIES? IF YES, PLEASE LIST BELOW			
EACH CHEELEADER MUST HAVE PERSONAL INSUREANCE. PLEASE LIST MEDICAL INSURANCE COMPANY AND POLICY NUMBER			

I grant permission for my child to compete in the OCSAA Cheerleading Championships. In the event of an injury, I give permission for my child to be treated by a licensed physician, emergency treatment center, or a member of the competition staff. I also understand that my child will be engaged in a vigorous activity during the competition. I understand the inherit risks of cheerleading. The competition staff, judges, and coaches will not be held liable for personal injury occurring as a result of this applicant's participation in the competition. I also have read, understand, and agree to agree to adhere to Code of Conduct.

\_\_\_\_\_  
Cheerleader's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date