

CLASSIC 8 CHEER AND DANCE COMPETITION

MEDICAL & LIABILITY RELEASE FORM 2016

Students Name _____

Team Name _____

- As a parent or legal guardian of the above athlete, I authorize my son/daughter to participate in the Classic 8 Cheerleading and Dance Competition held at Waukesha South High School.
- I authorize a representative of the Competition Staff to locate qualified and licensed medical personnel and/or transport said student to an appropriate medical facility in the event that it may become necessary.
- I understand I will be notified as soon as possible in the event of an emergency. I or my insurance company will assume all expenses of such treatment.
- The Classic 8 Conference, The Classic 8 Cheer and Dance Competition, Waukesha South High School, coaches, staff and volunteers shall not be responsible for any injury incurred as a result of my son's/daughter's participation in the event.

Signature of Parent or Guardian _____ Date _____

Phone number that is available during competition _____

Address _____

Confidential Medical Information

Family Doctor _____ Phone # _____

Insurance co _____ Policy # _____

List pertinent medical information applicable to: Allergies, nervous disorders, heart trouble, diabetes, epilepsy etc.

Indicate any medication or drugs to which the participant is allergic:

Indicate any medication the participant is currently taking:

List an emergency contact:

Name _____ Relationship: _____ Phone # _____

Name _____ Relationship: _____ Phone # _____

****In order to participate, you need to bring this form to competition****