



# 2011-2012 MEDICAL RELEASE FORM

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's City/State/Zip: \_\_\_\_\_

Participant's Contact number: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Contact number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Person to be notified other than parent/guardian in an emergency:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Medical Information**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Heart Condition: YES NO    Asthma: YES NO    Diabetes: YES NO    Allergies: YES NO    Convulsions: YES NO

**If an athlete is asthmatic—he/she must have an inhaler on file in the gym. The athlete must have one with them at practice and at competitions.**

Allergic to: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Any pre-existing injuries: \_\_\_\_\_

Additional medical information that may be helpful: \_\_\_\_\_

I certify that my son/daughter is mentally and physically capable and able to fulfill the requirements to participate in any class, performance, practice, trip, and/or event sponsored by FIERCE CHEER ELITE and its affiliates. In the event of an emergency occurring while my son/daughter is at FIERCE CHEER ELITE and/or its affiliates sponsored class, performance, practice, trip, and/or event, I grant permission to FIERCE CHEER ELITE, its affiliates and employees to take whatever action necessary. \_\_\_\_\_ **Parents/Guardian Initials.**

In the event that I cannot be reached, I hereby authorize FIERCE CHEER ELITE, its affiliates and employees to give consent for my son/daughter to receive medical treatment. \_\_\_\_\_ **Parents/Guardian Initials.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participants' Signature: \_\_\_\_\_ Date: \_\_\_\_\_