
MEDICAL FORM

NAME: _____ DOB: _____ AGE: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____

EMAIL: _____

EMERGENCY CONTACT (NOT PARENT): _____

Please check any of the following that apply:

HEARING DISORDER TEETH RETAINER

HEART CONDITION ASTHMA

LEARNING DISORDER CONTACTS/GLASSES

DIABETES

PRESCRIPTIONS or MEDICATIONS: _____

PLEASE READ CAREFULLY:

ASSUMPTIONS OF RISK: I PERMIT MY CHILD OR WARD TO ENROLL AND PARTICIPATE AS A STUDENT AT XTREME CHEER. I HEREBY RELEASE AND HOLD HARMLESS XTREME CHEER, ITS EMPLOYEES, INSTRUCTORS, AGENTS, AND DIRECTORS FROM ALL CLAIMS, DEMANDS, LIABILITIES, HARM OR DAMAGE WHICH MAY RESULT TO MY CHILD OR WARD. I UNDERSTAND THAT ANY ACTIVITY WHICH INVOLVES MOTION, ROTATION, HEIGHT, AND INVERSION MAY RESULT IN SERIOUS ACCIDENTAL INJURY, INCLUDING PARALYSIS AND EVEN DEATH. I HAVE BEEN INFORMED OF AND ASSUME ALL RISKS ASSOCIATED WITH THE PARTICIPATION IN THIS SPORT INCLUDING, BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER PARTICIPANTS AND OTHER REASONABLE RISK CONDITIONS ASSOCIATED WITH THIS SPORT. ALL SUCH RISKS TO MY CHILDREN ARE KNOWN AND UNDERSTOOD BY ME. I HAVE HEALTH INSURANCE COVERING MY CHILD.

WE HAVE READ AND FULLY UNDERSTAND THE POLICIES, PROCEDURES AND ASSUMPTION OF RISK. MY CHILD AND I AGREE TO ABIDE BY THE POLICIES STATED.

Participant Signature

Date

Parent/Guardian Signature

Date