



### 2017 Champion's Crown Cup Medical/Legal Release Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School/Team Name \_\_\_\_\_ Grade \_\_\_\_\_

Coach's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical History Circle One

Heart condition/disease Yes No

Diabetes Yes No

Epilepsy/seizure disorder Yes No

Contact Lenses Yes No

Asthma Yes No

Allergies (clarify) \_\_\_\_\_

Additional Med. \_\_\_\_\_

Info \_\_\_\_\_

I certify that \_\_\_\_\_ is physically capable and able to fulfill the necessary requirements to participate. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury when the parent/guardian cannot be reached. I understand that I am responsible for all expenses should injury occur. I acknowledge and understand the risks involved (including, but limited to broken bones, spinal cord injuries and even death) in this event and grant permission for my child to participate. I further agree to hold harmless Champion Booster Club, Champion Legacy, its affiliates, staff, facility for any injury sustained as a result of my son's/daughter's

participation. I have read the above warning and thoroughly appreciate/understand the assumption of risks inherent in cheer/dance participation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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