OLD COLONY YOUTH CHEERLEADING
2025 Medical Treatment and Liability Release

Town: _____ **# of Athletes Competing:**_____

Level: Flag/Instructional Mighty Mite Mite Pee Wee Mixed Midget

Building: Novice Beginner Intermediate Advanced Elite

Division: Novice C B A

I, the undersigned parent/guardian do hereby grant permission for my daughter/son who hereinafter shall be referred to as "participant" to participate in the Old Colony Youth Cheerleading Association Competition. In order that the participant may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the Association and its representatives harmless in the exercise of this authority. I further acknowledge and understand and agree that in taking part in this competition there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that participant is assuming the risk of such illness or injury by participating. I further agree to hold harmless Old Colony Youth Cheerleading Association including its directors, officers, and the location at which the event is being conducted for any injury or illness during the course of the competition.

Note: All Competitiors, Alternates and Injured must sign

#	Athlete Name	Parent/Guardian Signature	Parent/Guardian Printed
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