

**SPORTCHEER SCOTLAND WAVIER
MEDICAL WAIVER AND LIABILITY FORM**

Name:	
D.O.B.:	
Athlete Contact Phone Number:	
Parent/Guardian Name:	
Parent/Guardian Phone Number:	
Email Address for important information:	
Current All-star/Dance Team:	
Current Team Head Coach/Manager:	
Current Team Phone Number:	

EMERGENCY CONTACT

Emergency Contact Name:	
Relationship to Athlete:	
Emergency Contact Mobile Phone Number:	
Emergency Contact Home Phone Number:	

MEDICAL INFORMATION

Do you have any medical conditions?

No ☐ Yes ☐ If yes, please provide details below.

Are you/will you be required to take any medication at practice?

No ☐ Yes ☐ If yes, please provide details below.

Please continue over the page.

Are you allergic to any medications?

No ☐ Yes ☐ If yes, please provide details below.

Do you have any other allergies?

No ☐ Yes ☐ If yes, please provide details below.

WAIVER

I understand that Cheer and Performance Cheer (Dance) subjects myself/my child to the possibility of physical illness, injury and in extreme cases fatality I also hereby acknowledge the risks involved when taking part in cheerleading and dance. In the event of such illness or injury, I authorise Team Scotland to obtain necessary medical treatment for myself/my child and release and hold harmless Team Scotland/SportCheer Scotland and its representatives in the exercises of this authority. I also confirm that I / my child, have not been advised by a doctor to avoid physical exercise and do not know of any problems that may affect me/ my child's health when taking part in this sport.

I understand that Team Scotland produces promotional material. I understand that as participant myself/my child may be included in videotapes, DVD's, pod casts, videocasts or photographs. Therefore, without reservation or limitations, I in my own behalf/my child's hereby assign, transfer and grant the right to photograph and / or videotape audiotape myself/my child, and give permission for such photographs, video and audio tapes to be used in print or broadcast through any media which is deemed appropriate for the promotion of Team Scotland.

Team Scotland are not responsible for any property that participants may bring to classes or events. Lost Property will be left at all venues.

In consideration of me signing this release form, I am allowing myself / my child, to participate in Team Scotland Training, performances and competitions.

Athlete Signature (if over 18 years)

Date: _____

Parent/Guardian Signature (if under 18 years)

Date: _____

We will never share your personal information with other companies for marketing purposes. This Privacy Policy provides further information on when and why we collect your personal information, how we use it, the circumstances under which we may have to disclose it to others, and how we keep it secure. The personal information that you provide us we will use to process team registers and contact you by telephone, mail or email to keep you informed with further information and updates in direct relation to Team Scotland. Your data is stored in a secure location in our offices at Centre 81 2- 16 Braes Ave, West Dunbartonshire G811DN. Under the General Data Protection Regulation (GDPR), you have the right to view, amend or delete any of your personal data that we hold. Please email us at info@sportcheerscot.org.uk