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Participation Waiver Form

Please fill out the form completely. All participants must complete this form and hand in to your coach prior to camp. You will not be permitted to participate without this form. Make sure a parent or guardian signs it.

Participant Information

School/Organization's Name _____

Camp Location/Date _____

Participant's Name _____

Home Address _____

City State Zip _____

Participant's Grade Date of Birth _____

Parent/Guardian Name Parent's Daytime Phone _____

Medical Information

Insurance Company _____

Medical Insurance Policy # _____

List any medications currently taking: _____

List any medications participant is allergic to: _____

Family Physician Phone: _____

Please list any reoccurring illnesses _____

Please list any current injuries _____

Medical Treatment, Authorization, Media, & Liability Release

I, the undersigned parent or guardian, do hereby grant permission for the above named participant to attend the above listed CheerTime Athletics Corp. event. I also authorize any necessary treatment by a qualified physician for my daughter/son _____, which they may sustain while participating. In case of emergency, I would like them taken to the hospital for medical treatment and hold CheerTime Athletics. and its representatives harmless in their execution of this authority. I, further release CheerTime Athletics. and its representatives from any claims for injury or illness that may be sustained as a result of their participation. I acknowledge and understand that in participating, there is a possibility they may sustain illness or injury to connection with her/his participation. I further release the camp location, CheerTime Athletics Corp., as well as its representatives from any claims for personal injury or illness that they may sustain during participation, including without limitation any injuries resulting from negligence. I understand and will be responsible for any medical bills that may be incurred on behalf of my daughter/son for physical illness or injury they may sustain. CheerTime Athletics reserves the right to send any participant to a hospital for diagnosis and treatment, the parent assuming full responsibility. I give CheerTime Athletics. Permission to film, photograph, or video tape my daughter/son or me (advisor/coach/director/parent) for any reproductions connected with CheerTime Athletics Corp.; in particular, reproduction for use in any form of advertisement for CheerTime Athletics promotional purposes. CheerTime Athletics may use such reproductions in any manner without further compensation to me (advisor/coach/director/parent) or my daughter/son. I have read the above statement and agree in full to its content.

Parent or Guardian Signature Participant's Signature (if over the age of 18) _____

Emergency Phone Number Home Phone Number _____