

Greensboro All Star Cheerleading 336-664-0233
8029 National Service Road Colfax, NC 27235 Cheergac.com

Check One: Tumble Class _____ Open Gym/College Night _____ School _____ Other _____

Liability Waiver and Medical Information

Parent/Legal Guardian Signature _____ **Date** _____

Participant's Name: _____ **Birth Date** _____

Address: _____

City/State/Zip: _____

Phone: Home: _____ Cell: _____

Mother's Name _____ E-mail: _____

Home# _____ Cell# _____ Work# _____

Father's Name _____ E-mail: _____

Home# _____ Cell# _____ Work# _____

Person to be notified other than parent/guardian in an emergency:

Name: _____

Relationship to Participant _____

Home# _____ Cell# _____ Work# _____

Medical Information

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Heart Condition: yes no Asthma: yes no Diabetes: yes no Allergies: yes no Convulsions: yes no

Allergies: _____

Medications currently taking: _____

Any pre-existing injuries: _____

Additional medical information that may be helpful:

In the event the participant is **NOT** covered by insurance, please be aware that all costs and bills related to injury will be the sole responsibility of the parent/guardian.

_____ I authorize GAC to take the necessary steps regarding medical attention and will allow authorized hospital facility and staff to treat my child for any illness/injury he or she has. I recognize that potentially serious injuries, including paralysis or death, can occur in any GAC activity, inside or outside of the gym. This includes camps, competitions, exhibitions, performances, travel, and/or any activity involving height, motion, gymnastics, dance, cheerleading and all other GAC classes. I understand and accept this risk and any medical expenses shall be my responsibility. I hereby release GAC, its owners and employees from all liability for any injury.