



5505 Tiffin Avenue, Castalia, Ohio

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Received (coaches only) \_\_\_\_\_

# 2017-2018 Participant Release Form

## Participant/Parent Information

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Complete Home Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Students Age as of August 31, 2017: \_\_\_\_\_ Students Cell Phone: \_\_\_\_\_

## In Case of Emergency Notify (other than parent)

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Physician Information

Name of Child's Physician: \_\_\_\_\_ Dr. Office Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## Medical History

General Allergies: \_\_\_\_\_ Allergies to Medication: \_\_\_\_\_

Pertinent Medical Information (i.e. diabetic, asthmatic, etc.): \_\_\_\_\_

## Medication Release

I allow my child to be given the following medication(s), if necessary, while at the gym:  Tylenol  Aleve

## Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement (Must Be Signed By ALL Students and Parent/Legal Guardian)

In consideration of the acceptance for my child participating in the Champion Cheer and Tumble Center and/or the Champion All-Star Program. I represent that I understand the nature of this Activity and that my child is qualified, in good health, and in proper physical condition to participate in such activity. I hereby acknowledge this activity involves greater than normal risk of injury. I agree as my child's parent or guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family in connection with participation in tumbling/cheerleading classes, programs, lessons, competitions, as well as any other activities associated with this program.

I give permission to Champion Cheer and Tumble Center and/or appropriate medical facility to take whatever emergency (first aid, disaster evacuation, etc.) measures are judged necessary for the care and protection of my child while under the supervision of Champion Cheer and Tumble Center and/or the Champion All-Star Program.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deems it necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Warning! Catastrophic injury, paralysis or even death can result from participation in this activity.

Further, I hereby release and agree to hold harmless and indemnify Champion Cheer and Tumble Center and/or the Champion All-Star employees, owners, or volunteers from any claims, losses, or expenses incurred on behalf of me, my child or my child's family.

I give permission to the Champion Cheer and Tumble Center and or the Champion All-Star Program and its designees to photograph and/or video tape during activities here at the Champion Cheer and Tumble Center gym or competitions. I further give permission for such photos and/or video to be used in print or broadcast media as deemed appropriate for the promotion of any Champion Cheer and Tumble Center and/or Champion All-Star program.

Parent/Guardian Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Student's Signature: \_\_\_\_\_