



Athlete Information & Medical Release Form

Athlete Name: _____ **Date of Birth:** _____

Athlete Cell: _____ **Age as of 8.31.16:** _____ **Grd 16-17 School Yr:** _____

Address: _____ **City/ State / Zip:** _____

Mother Name: _____ **Mother Cell:** _____

Father Name: _____ **Father Cell:** _____

Primary Email: _____

Athlete Email: _____

If new, who referred you to Victory? _____

Previous Experience: _____

(Listing "none" is OK. We have teams for all levels beginner thru advanced)

Medical Authorization and Liability Release

Emergency Procedures: For minor injuries, Victory Policy is to call the parent/guardian listed above and follow their directions. In the rare case of a more serious injury, Victory is to first call 911, then call the parent/guardian listed above.

Emergency Treatment Pre-authorization: I authorize Victory and its representatives to consent to medical treatment for my child. I also give Victory Sports Center, LLC. permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to Victory instruction, practices, or performances. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization.

Safety Procedures/Liability Release: Victory Sports Center, LLC. strives to provide the maximum safety procedures, guidelines, and enforcement, and therefore assumes no responsibility for any accidents or injuries that may occur. I am fully aware that participation in this sport may be potentially dangerous involving many risks of injury. I understand the dangers include, but are not limited to, injuries to ligaments, bones, and other aspects of the body which may include head, neck or spine. Due to the dangers of the sport, I understand the importance of following the coaches instructions regarding techniques, training and agree to obey instructions. I further agree to hold Victory Sports Center LLC. and its staff harmless for any injury or resulting expenses. I release and discharge all rights and claims against Victory Sports Center, LLC. and its parties. I hereby grant Victory Sports Center, LLC. and its successors and assigns the unrestricted right to use the athletes name, likeness or appearance on any cheerleading posters, calendars, photographs, video materials, film material, computer software, computer hardware, electronic online services, or similar promotional material in any form, content, or medium, in order to promote or market Victory Sports Center, LLC.

List any physical/psychological limitation, injury, learning disability, or weakness that may affect the athlete: _____

Medicines allergic to: _____

Insurance Carrier: _____ Policy Number: _____

Parent/Guardian Signature: _____ Date: _____