



MEDICAL RELEASE / APPEARANCE FORM

**Complete the "Medical Release/Appearance Form" for each athlete.
Please do not mail to SCA. This form must be physically turned in at check-in.**

Athlete's Name: _____

School/Gym: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Phone Number: () _____

Emergency Contact: _____ Phone: () _____

Medical Insurance Company: _____

PARENTAL CONSENT
 I, the undersigned, being the parent or legal guardian, do hereby grant permission for my daughter/son of the name listed above ("Athlete") to participate in SCA National Cheerleader Championship ("Event").

I acknowledge, understand and agree that participation in this Event may subject the Athlete to the possibility of physical illness or injury (minimal, serious or catastrophic) and that I, on my own behalf and on the behalf of the Athlete, acknowledge that the Athlete is assuming the risk of such illness or injury by participating.

I authorize any representative of SCA or Event Staff to obtain necessary medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for the Athlete while participating in Event.

I further acknowledge and understand that I will be responsible for any and all expenses from such treatments.

I hereby, on my own behalf and on the behalf of the Athlete, release, indemnify and hold harmless SCA including its owners, directors, officers, representatives, sponsors and employees from and against any and all claims demands, losses, suits, liabilities, costs, or other damages including court costs and attorney fees, arising from any injury to, or death of, Athlete arising from or connection to the Event.

PARTICIPATION REPRESENTATION
 I agree to cooperate with all SCA and Event location staff and officials, and will follow instructions and rules in accordance with their directions. I understand that failure to obey the rules of the competition and instructions of SCA and the Event location staff may result in my dismissal and discharge from the competition without reimbursement of any and all fees. As an Athlete I understand that I am free to withdraw my participation at any time upon my request and at my own free will without any coercion, duress, or intimidation of any sort.

APPEARANCE CLAUSE
 I, on my own behalf and on behalf and Athlete's name, face, likeness, voice and appearance as part of the above noted SCA Event, in advertising and promoting the above noted SCA Event of the Athlete, hereby assign, transfer and grant SCA, its successors, assignees, licensees, sponsors and all other commercial exhibitors the exclusive right to photograph and / or videotape the Athlete and to utilize such videotapes and photographs or in advertising and promoting similar future events. I further understand that neither SCA, nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I, AGREE TO THE ABOVE RELEASES AND HAVE READ AND APPEARANCE CLAUSE

ATHLETE'S SIGNATURE: _____ **Date:** _____

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** _____
 (If Participant is under 18 years of age)



SCHOOL CHEER ELIGIBILITY FORM

School Name _____

Team Name _____ Team Division _____

List the name of each athlete competing on your team. This information must be confirmed, authorized and approved by your school's Principal or School District in order for your team to compete. This form must be physically turned in at check-in.

	ATHLETE'S NAME	GRADE		ATHLETE'S NAME	GRADE
EX	MORGAN ROMERO	11	EX		
1.			19.		
2.			20.		
3.			21.		
4.			22.		
5.			23.		
6.			24.		
7.			25.		
8.			26.		
9.			27.		
10.			28.		
11.			29.		
12.			30.		
13.			31.		
14.			32.		
15.			33.		
16.			34.		
17.			35.		
18.			36.		

I certify that all the above listed Athletes are current active members and meet the eligibility requirements of the specified Division to be a member of the team participating.

Signature: _____

Date: _____

Print Name: _____

Daytime Phone: _____

Title: _____

Email: _____