

2018-2019 UNIVERSITY CHEER AIR FORCE, INC - PARTICIPANT REGISTRATION FORM & MEDICAL RELEASE

STUDENT INFORMATION: (CIRCLE ONE OR ALL THAT APPLY): PRIVATE LESSONS TUMBLING CLASS CAMP / CLINIC OPEN GYM

ATHLETE _____ D.O.B (MM/DD/YYYY) ____/____/____ AGE _____ GRADE (2018-19) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ SCHOOL _____

HOME PHONE () _____ - _____ CELL PHONE () _____ - _____ ATHLETE EMAIL _____

PARENT / GUARDIAN NAME _____ RELATIONSHIP _____

CELL PHONE () _____ - _____ WORK PHONE () _____ - _____ EMAIL _____

PARENT / GUARDIAN NAME _____ RELATIONSHIP _____

CELL PHONE () _____ - _____ WORK PHONE () _____ - _____ EMAIL _____

MEDICAL RELEASE, TREATMENT CONSENT, MEDICAL INFORMATION & EMERGENCY CONTACT INFORMATION

I CERTIFY THAT _____ IS PHYSICALLY CAPABLE AND ABLE TO FULFILL REQUIREMENTS NEEDED TO BE A CHEERLEADER. I UNDERSTAND THAT THIS FORM LEGALLY RELEASES ALL OBLIGATIONS AND RESPONSIBILITIES FOR THE MEDICAL TREATMENT OF MY SON/DAUGHTER IN THE EVENT OF ILLNESS OR INJURY DURING ANY SQUAD RELATED ACTIVITY WHEN A PARENT CANNOT BE REACHED. IF THERE IS ANY PHYSICAL OR MEDICAL REASON WHY HE/SHE SHOULD NOT PARTICIPATE FULLY, UNIVERSITY CHEER AIR FORCE, INC. REQUIRES A DOCTOR'S RELEASE. FURTHERMORE, UNIVERSITY CHEER AIR FORCE, INC. IS NOT LIABLE FOR ANY INJURY INCURRED DURING CHEERLEADING.

IN THE EVENT OF AN EMERGENCY OCCURRING WHILE MY SON/DAUGHTER IS AT A UNIVERSITY CHEER AIR FORCE, INC. SPONSORED PRACTICE, PERFORMANCE, COMPETITION, OR TRIP, I GRANT MY PERMISSION TO UNIVERSITY CHEER AIR FORCE, INC. AND ITS EMPLOYEES TO TAKE WHATEVER ACTION NECESSARY. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY AUTHORIZE UNIVERSITY CHEER AIR FORCE, INC. AND/OR ITS EMPLOYEES TO GIVE CONSENT FOR MY SON/DAUGHTER TO RECEIVE MEDICAL TREATMENT.

PARENT / GUARDIAN NAME (PRINT NAME) _____ SIGNATURE _____ DATE _____

IF YOU DO NOT GRANT PERMISSION OR AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT, WHAT PROCEDURE SHOULD BE FOLLOWED?

FAMILY PHYSICIAN _____ PHONE: _____
INSURANCE COMPANY _____ POLICY NUMBER: _____

MEDICAL INFORMATION: (PLEASE CIRCLE)

HEART CONDITION OR DISEASE YES NO CONVULSIONS DISORDER YES NO ALLERGIC TO INSECT STINGS YES NO
DIABETES YES NO ASTHMA YES NO ALLERGIC TO MEDICATION YES NO

PLEASE LIST ANY CURRENT MEDICATION TAKEN ON A DAILY BASIS AND/OR ANY OTHER MEDICAL INFORMATION:

IN THE EVENT OF AN EMERGENCY, PLEASE LIST 2 PEOPLE OTHER THAN YOURSELF THAT YOU'D LIKE US TO CONTACT:

EMERGENCY CONTACT _____ RELATION TO STUDENT _____ PHONE: _____
EMERGENCY CONTACT _____ RELATION TO STUDENT _____ PHONE: _____

PARENT/LEGAL GUARDIAN NAME (PLEASE PRINT) _____ PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

INHERENT RISKS OF CHEERLEADING

CHEERLEADING IS REASONABLY SAFE AS LONG AS CERTAIN GUIDELINES ARE FOLLOWED, BUT THERE IS THE INHERENT RISK OF INJURY AS IN ANY ATHLETIC ACTIVITY. CHEERLEADING IS AN ANAEROBIC/AEROBIC ACTIVITY WHICH INCLUDES, BUT NOT LIMITED TO, JUMPING, STUNTING, MOTIONS, AND TUMBLING. UNIVERSITY CHEER AIR FORCE, INC. STRONGLY RECOMMENDS EACH STUDENT UNDERGOES A PHYSICAL EXAMINATION BY HIS/HER PHYSICIAN BEFORE BEGINNING ANY CHEERLEADING ACTIVITIES. EACH STUDENT MUST INFORM HIS/HER COACH OF ALL INJURIES AND/OR CHRONIC CONDITIONS. ALTHOUGH THE PROBABILITY OF INJURY IS MINIMIZED IF YOU PRACTICE CORRECTLY, THERE IS ALWAYS THE POSSIBILITY OF ONE OCCURRING. INJURIES THAT CAN OCCUR IN CHEERLEADING INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: BLISTERS, MUSCLE STRAINS, LIGAMENT SPRAINS, JOINT AND MUSCLE SORENESS, ABRASIONS, CONTUSIONS, STRESS FRACTURES, BROKEN BONES, SPINAL CORD INJURIES INVOLVING PARALYSIS AND EVEN DEATH. HOWEVER, IF YOU TAKE CERTAIN PRECAUTIONS, THE POSSIBILITY OF SUCH INJURES WILL BE LARGELY DECREASED.

ATHLETES SHOULD CONSISTENTLY ABIDE BY THE FOLLOWING GUIDELINES:

- 1. NEVER STUNT OR TUMBLE UNLESS A COACH OR COACH'S DESIGNEE IS PRESENT.
2. ALWAYS PRACTICE IN THE PRESENCE OF A QUALIFIED COACH.
3. ALWAYS WARM-UP APPROPRIATELY BEFORE CHEERING (PRACTICE AND COMPETITIONS).
4. DO NOT ATTEMPT A STUNT THAT YOU DO NOT KNOW HOW TO PERFORM SAFELY.
5. ALWAYS USE ATTENTIVE SPOTTERS WHEN LEARNING TO STUNT.
6. ALWAYS CHEER IN AN AREA FREE FROM OBSTRUCTION.
7. DO NOT STUNT ON UNEVEN GROUND, WET SURFACES OR CONCRETE.
8. NEVER TALK, LAUGH, OR MESS AROUND WHEN PERFORMING A STUNT.
9. REPORT ALL INJURIES TO THE COACH AS SOON AS THEY OCCUR.
10. FOLLOW ALL TRAINER AND DOCTOR RECOMMENDATIONS.
11. ALWAYS WEAR SHOES AND CLOTHING APPROPRIATE FOR CHEERLEADING.
12. NEVER WEAR JEWELRY OF ANY KIND WHEN CHEERING (PRACTICE AND COMPETITIONS).
13. NEVER CHEW GUM OR CANDY WHILE CHEERING (PRACTICE AND COMPETITIONS).
14. ALWAYS HAVE YOUR HAIR SECURED AWAY FROM FACE AND SHOULDERS.
15. EAT NUTRITIOUS MEALS AND GET PLENTY OF REST.
16. ALWAYS ASK FOR ASSISTANCE OR ADVICE AT ANY TIME.

I HAVE READ THE PRECEDING WARNING. I THOROUGHLY APPRECIATE AND UNDERSTAND THE ASSUMPTION OF RISKS INHERENT IN CHEERLEADING PARTICIPATION. I ACKNOWLEDGE THAT MY CHILD IS PHYSICALLY FIT AND VOLUNTARILY PARTICIPATING IN THIS ACTIVITY.

PARENT / LEGAL GUARDIAN NAME (PLEASE PRINT) _____ ATHLETE NAME (PLEASE PRINT) _____

PARENT / LEGAL GUARDIAN SIGNATURE _____ DATE _____