



2017-2018 MEDICAL RELEASE FORM

Participant's Name: _____ Birthdate: _____

Participant's Address: _____

Participant's City/State/Zip: _____

Participant's Contact number: Home _____ Cell: _____

Parent/Guardian Contact number: Home: _____ Cell: _____

Parent/Guardian E-mail address: _____

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

Name: _____ Relationship to Participant: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Medical Information

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy#: _____

Heart Condition: YES NO Asthma: YES NO Diabetes: YES NO Allergies: YES NO Convulsions: YES NO

If an athlete is asthmatic-he/she must have an inhaler on file in the gym. The athlete must have one with them at practice and at competitions.

Allergic to: _____

Medications currently taking: _____

Any pre-existing injuries: _____

Additional medical information that may be helpful: _____

I certify that my son/daughter is mentally and physically capable and able to fulfill the requirements to participate in any class, performance, practice, trip, and/or event sponsored by FIERCE CHEER ELITE LLC and its affiliates. In the event of an emergency occurring while my son/daughter is at FIERCE CHEER ELITE LLC and/or its affiliates sponsored class, performance, practice, trip, and/or event, I grant permission to FIERCE CHEER ELITE LLC its affiliates and employees to take whatever action necessary. _____

Parents/Guardian Initials.

In the event that I cannot be reached, I hereby authorize FIERCE CHEER ELITE LLC, its affiliates and employees to give consent for my son/daughter to receive medical treatment. _____ **Parents/Guardian Initials.**

Parent/Guardian Signature: _____ **Date:** _____

Participants' Signature: _____ **Date:** _____