

ATHLETE PARTICIPATION AND COMPLIANCE FORM

Form must be completed in its entirety and signed where indicated in order for the participant to compete

ATHLETE INFORMATION

SCHOOL/GYM/ORGANIZATION _____
DIVISION _____ LEVEL _____
ATHLETE'S NAME _____ BIRTH DATE ____/____/____ AGE ____
HOME NUMBER (____) ____-_____
ADDRESS _____ CITY _____
STATE _____ ZIP _____
PARENT/GUARDIAN _____ CELL # (____) ____-_____

MEDICAL INFORMATION

I, THE UNDERSIGNED PARENT/GUARDIAN OR ATHLETE (If 18 or older) . . .

- 1) Hereby grant permission for me/my athlete, named above, who I declare to be in good physical and mental health, to participate in the Cheer All About It Tri-State Cheer (CAAI) competition.
- 2) Realize (CAAI) will take all necessary precautions to prevent injury and secure the safety of me/my athlete, and acknowledge and am fully aware of the obvious dangerous nature of the sport of cheerleading (which involves motion, rotation, inversion of heights) for which me/my athlete is involved can result in injury (minimal, serious or catastrophic).
- 3) Agree for myself or on behalf of my athlete or any other authority to make no claim or demand of any kind and hold harmless and release all liability for negligence or any other claims, judgments or loss, liability, cost and expense (including without limitation, attorney's fees and cost) arising out of or in connection with the event, including any claims arising out of or in connection with any illness or injury that I/the athlete may incur or sustain during the event, all activities associated with the event and while traveling to and from the site for the event against Cheer All About It (CAAI), (owners, director, coaches or volunteer workers, the venue or contracted vendors). Hereinafter referred to as (CAAI) et al.
- 4) Assumes all risks and hold myself liable for any resulting illness, injury (minimal, serious or catastrophic) or loss to me/my athlete or my/his/her property occurring in connection with the CAAI Tri-State Cheerleading competition.
- 5) Give my permission to CAAI et al, emergency or health care facility staff to take the necessary measures to administer immediate medical treatment to me/my athlete and am ultimately responsible for payment of expenses incurred for medical treatment.
- 6) Hereby give CAAI, et al the right and permission to film photograph, video and audio tape me/my athlete and myself while participating and reproduction of images and that all images used become the property of CAAI.

EMERGENCY CONTACT: In case parent/guardian can not be reached:

CONTACT'S PHONE # (____) ____-____ PHYSICIAN'S NAME _____

PHONE # (____) ____-_____

HEALTHCARE INSURANCE CARRIER _____

ID or POLICY# _____

GROUP # _____ INSURER'S NAME _____

RELATION TO ATHLETE _____

Is the participant currently being treated for any medical condition(s)? If so, what? _____

Please list allergies i.e. medications, etc.

BY SIGNING BELOW BOTH ATHLETE, COACH AND I VERIFY THAT . . .

- 1) I am (parent/guardian of - if minor) the athlete named above and
- 2) I have read, understand and agree to all the conditions and statements listed in this Athlete Participation and Compliance Form.

Parent/Guardian Signature _____ Date _____

Coach Signature _____ Date _____

Athlete Signature (if 18 or over) _____ Date _____