

# Medical Release Form

Team Name \_\_\_\_\_ Athlete's Name \_\_\_\_\_

## Parent/Guardian Contact

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Additional contacts who should be called in case of an emergency?

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Group Number \_\_\_\_\_ Phone \_\_\_\_\_

## Please answer the following about your child. If you answer "Yes," please describe briefly.

Allergies or intolerance to food or medication?  No  Yes \_\_\_\_\_

Medications currently being taken?  No  Yes \_\_\_\_\_

Previous injuries or illnesses?  No  Yes \_\_\_\_\_

Restrictions or special considerations?  No  Yes \_\_\_\_\_

I fully understand that *Tri-County Gymnastics & Cheer and Green Bay East High School* staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the *Tri-County Gymnastics & Cheer and Green Bay East High School* staff to render first aid to my child in the event of any injury or illness, and if deemed necessary by the *Tri-County Gymnastics & Cheer and Green Bay East High School* staff to call our doctor and to seek medical help, including transportation by a *Tri-County Gymnastics & Cheer and Green Bay East High School* staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said athlete should the *Tri-County Gymnastics & Cheer and Green Bay East High School* staff deem this to be necessary.

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

The staff of *Tri-County Gymnastics & Cheer and Green Bay East High School* recognizes its obligation to make students and their parents aware of the risks and hazards associated with the sport of cheerleading and dance. Cheerleading and dance can be dangerous and can lead to injury. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. *Tri-County Gymnastics & Cheer and Green Bay East High School* its coaches, and other staff members will not accept responsibility for injuries sustained by any athlete during the course of the cheer and dance competition in which he or she may participate. With the above in mind, and being fully aware of the risks and possibility on injury involved, I consent to have my child or children participate in the Monster Challenge competition offered by *Tri-County Gymnastics & Cheer and Green Bay East High School*. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against *Tri-County Gymnastics & Cheer and Green Bay East High School* and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the athlete about the dangers of cheerleading and dance. The parent should warn the child according to what the parent feels is appropriate.

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**