

**CNY Cheer Company, Inc.**

**2007 Clinic/Class/Open Gym Registration and Release form**

Participant's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

2007-2008 school grade: \_\_\_\_\_ Team Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_ email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Additional Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Class/Clinic/Event attending: \_\_\_\_\_

**Medical & Insurance Information:**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

List any medications currently taking: \_\_\_\_\_

List any medication participant is allergic to: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**Medical Treatment Authorization & Liability Release:**

I hereby grant permission for my child \_\_\_\_\_ to participate in a CNY Cheer Company summer camp or specialty clinic.

I grant permission to licensed hospital and/or health center staff members or EMT/paramedics on site, to administer immediate medical treatment as deemed necessary to my child should he/she be injured during the event. Further, I understand that I am responsible for payment of expenses incurred relating to my child's participation in the event and any medical treatment required.

I further release CNY Cheer Co., Inc and it's representatives from any claims for injury or illness that may be sustained as a result of their participation in this event. By signing this form I also grant permission for CNY Cheer Co., Inc. to use photos for future advertisements. I have read the above statement and agree in full to it's content.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_