

CNY Cheer Co., Inc. , 2009-2010 Release form

Please complete all sections below. Bring this form with you to registration, do not mail it to CNY. Cheerleaders may not participate without this signed, completed form. If the participant is under 18, the form must be completed and signed by their parent/guardian.

PARTICIPANT INFORMATION:

Participant's Name: _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #:() _____ Team/School name: _____

Participant's email address: _____

Parent/Guardian:: _____ Parent email: _____

Emergency Contact: _____ Relationship: _____ Phone# _____

MEDICAL & INSURANCE INFORMATION:

Insurance Company: _____ Policy # _____

List any medications currently taking: _____

List any medication participant is allergic to: _____

MEDICAL TREATMENT AUTHORIZATION & LIABILITY RELEASE:

I hereby grant permission for my child _____ to participate in the CNY Cheer Company, Inc. competition to be held on _____.

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

I further release CNY Cheer Company, Inc., and it's staff, the competition venue and it's staff and 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 Company, Inc. to photograph and/or videotape my child and that this may be used for future advertisements.

Participant Signature (if 18 and over) _____ Date: _____

Parent/Guardian Signature: _____ Date: _____