

BSYAA MEDICAL RELEASE FORM

CONTACT CHEER

PARTICIPANTS NAME: _____

DOB: _____

STREET: _____

CITY: _____ STATE/ZIP: _____

PARENT/GUARDAIN: _____

EMERGENCY #: _____

MEDICAL INFORMATION

LIST OF MEDICAL CONDITIONS: _____

LIST OF ALLERGIES: _____

MEDICAL INSURANCE COMPANY: _____

POLICY # _____ GROUP # _____

POLICY HOLDER NAME: _____

PRIMARY DOCTOR: _____ PHONE: _____

I waive and release BSYAA from all liability from injury and illness. I, as parent/guardian, have actual knowledge and appreciation of the particulars of the BSYAA program and hereby voluntarily consent to said minor's participation, and assume all risk arising there from. I hereby give my permission for emergency medical treatment in the event I cannot be reached. I hereby authorize any medical treatment that may be advised or recommended by a qualified physician.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____