



2130 S. Yale, Santa Ana, CA 92704

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www.CheerForceOC.com

Athlete Information & Medical Release Form

Athlete Name: _____ Date of Birth: _____

Athlete Email: _____ Athlete Cell: (_____) _____

Address: _____ City/State/Zip: _____

Mother Name: _____ Mother Cell: (_____) _____

Father Name: _____ Father Cell: (_____) _____

Current School: _____ Home Phone: (_____) _____

Parent Email (important updates) _____

Who referred you to tryout for CheerForce?: _____

Medical Authorization and Liability Release

EMERGENCY PROCEDURES: For minor injuries, CheerForce policy is to call the parent/guardian listed above, inform them, and follow their directions. In the rare case of a more serious injury, CheerForce policy is to first call 911, then call the parent/guardian listed above.

EMERGENCY TREATMENT PRE -AUTHORIZATION: I authorize CheerForce™ and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. I also give CheerForce™ permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to CheerForce™ instruction, practices, or performances. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization.

MINOR INJURIES / OTC MEDICATION: CheerForce will provide bandages for minor scraps & cuts. We will ONLY provide Tylenol/Advil with parent/guardian verbal consent (in person or over the phone) each time a request is made. We do not provide any other medications.

SAFETY PROCEDURES / LIABILITY RELEASE: CheerForce™ strives to provide the maximum in safety procedures, guidelines, and enforcement, and therefore assumes no responsibility for any accidents or injuries that may occur. I am fully aware that any activity involving motion, height, athletic activity, and/or gymnastic equipment (ie Tumbler-Trak®, trampoline, etc) creates the possibility of serious injury, and I further agree to hold CheerForce™ and its staff and officers harmless for any injury or resulting expenses. I release and discharge all rights and claims against CheerForce™ and its parties.

Please list any physical/psychological limitation, injury, or weakness that may affect the athlete : _____

Any medicines allergic to: _____

Insurance Carrier: _____ Policy Number: _____

Parent/Guardian signature: _____ Date: _____

FOR OFFICE USE ONLY:

REGISTERED:

RELEASE FORM COMPLETED: Yes / No JR _____

REGISTRATION FEE PAID: Cash / Credit Card / Check # _____