WORLD CLASS CHEERLEADING INC.

Medical Release Form

EACH ATHLETE PARTICIPATING IN THE EVENT MUST HAVE THIS SIGNED AND FILLED PRIOR TO COMPETITION, CAMP OR CHOREOGRAPHY. THIS FORM MUST BE TURNED IN ON THE DAY OF THE EVENT, ATTATCHED TO THE TEAM ROSTER DURING TEAM REGISTRATION. IN THE EVENT OF AN EMERGENCY, THE INFORMATION PROVIED WILL BE USED TO FOR MEDICAL AND CONTACT INFORMATION.

PARTICIPANT NAME: ____

I, the undersigned parent or legal guardian, grant permission for my daughter/son ________________________________ hereinafter referred to as "participant", to participate in the **World Class Championships**, **World Class Cheerleading/Dance Camps or World Class Choreography**. In order that participant may receive the necessary medical treatment in the event of an injury or illness, I hereby agree to any such medical treatment and hold **World Class Cheerleading Inc.** and its representatives harmless in the exercise of this authority. I acknowledge and understand that participant may sustain serious, catastrophic physical injury, illness and/or death by participating in the **World Class Championships, World Class Cheerleading/Dance Camps or World Class Choreography.** I further assume the risk of such injury, illness and/or death and agree to participation. I agree to indemnify and hold harmless the school/park and World Class Cheerleading including, but not limited to all representatives, all staff personnel, and all administrators and/or the event site, for any injury, illness, and/or death sustained by participant during the course of the competition, camps or choreography. I further release **World Class Cheerleading Inc.** from any medical and legal cost which may arise due to injury, illness and/or death sustained by participant.

PLEASE CHECK THE EVENT(S) THAT YOU WILL BE PARTICIPATING IN:

[ ] World Class Championship DATE(s): ____________ LOCATION: __________________________
[ ] World Class Cheerleading/ Dance Camp DATE(s): ____________ LOCATION: __________________________
[ ] World Class Choreography DATE(s): ____________ LOCATION: __________________________

Participant's Signature: ______________________ **Parent/Guardian Signature:** ___________________________

School/Studio: ______________________________ **Age:** _____________ **Date:** ________________________

Home Phone: _______________________________ **Work/Emergency Phone:** _____________________________

Address: ____________________________________ **City, State, Zip Code:** _________________________________

Insurance Co.:_______________________________ **Policy#:** ____

Known Medical Conditions: (Seizures, Epilepsy, Diabetes, Etc.: ____

Please list on the backside of this form, any medication this participant is allergic to or is currently taking. If participant is on any medication, please make sure they bring their medication and take the prescribed dosage needed.

BRING THIS FORM TO EVENT. DO NOT MAIL OR FAX

www.worldclasscheerleading.com