

NAME OF ATHLETE: _____

MEDICAL & LIABILITY RELEASE

Please circle Fall or Winter of Year _____

Each participant MUST have one on file at competition site.

(Complete School Name)

I, _____, the natural parent, legal guardian and/or
(Name of Parent, legal guardian, managing conservator)

Managing conservator of _____, do hereby
(Participant's Name)

acknowledge and state that said student is presently under my care, custody, and control, and that I possess the authority to grant the permission and authorization stated herein, and the student has no conditions which would prohibit or restrict his/her participation with the North Dakota Cheer Coach Association's State Cheer Competitions. I give permission for my child to travel to the competition site and to compete in the NDCCA State Cheer Competition held in _____, **North Dakota**.

I hereby give my permission to the NDCCA to use any and all photographs taken at the NDCCA competition on their web site and other printed material.

I authorize any representative of the NDCCA Board of Directors to locate qualified and licensed medical personnel and/or transport said student to an appropriate medical facility in the event that it may become necessary.

I understand I will be notified as soon as possible in the event of an emergency. My insurance company and I will assume all expenses of such treatment.

(Signature of Parent, legal guardian and/or managing conservator)

(Date of Signature)

(Home Phone Number)

(Address)

(City)

(Zip)

(Business Phone Number)

(Cell Phone Number)

CONFIDENTIAL MEDICAL INFORMATION

(Family Physician)

(Phone Number)

(Insurance Company)

(Policy Number)

List pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc. (**Diabetic pumps, heart monitors, braces, inhaler, etc.**)

Indicate any medication or drugs to which the participant is allergic.

List any regular medication the participant is taking _____
(Is participant carrying any medication with them _____ Yes _____ No)

List two other contacts in case of an emergency:

Name

Relationship to Child

Phone Number

Name

Relationship to Child

Phone Number