

ASA Cheerleading Medical Release Form

This completed form will enable health facilities and ASA cheerleading volunteers to provide prompt care to your minor child.

All Areas of This Form Must Be Completed

Player's Name _____

Birth Date _____

Guardian's Name/Relationship _____

No Yes Allergic Reactions (drugs, food, asthma...) _____

No Yes Taking any medication at this time _____

If yes, please describe _____

Date of last tetanus shot _____

In Case of Emergency _____

Father Home Telephone _____

Father Work Telephone _____

Mother Home Telephone _____

Mother Work Telephone _____

Other Emergency Number (List person to contact) _____

Your Insurance Company _____

Policy # _____

Name of Policy Holder _____

Any instructions regarding your insurance _____

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the player. I hereby give permission for the volunteers of the ASA Cheerleading league to seek during the period of the cheerleading season appropriate medical attention for the player and for medical attention to be given and for the player to receive medical attention in the event of accident, injury, or illness. I (we) will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and as the guardian's of _____ (Player's Name) understand that cheerleading is an active, physical sport, and that injuries can take place during play. I/We understand that, as with anysport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in football activities.

I/We also understand that it is my/our responsibility in caring for the Player listed above, and to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such a sport.

I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge ASA Cheer, its coaches, board members and others working with my child, from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in football activities, whether or not damages, injury, or loss is due to negligence.

Signature of Parent or Guardian _____

Date _____