



307-B Edwardia Dr.
Greensboro, NC 27409
(336) 253-5348

CA Cheer and Dance, Inc.

Athlete Information & Medical Release Form

Please fill out all information that applies:

Athlete Name: _____ Main Phone: (_____) _____
 Address: _____ 2nd Phone: (_____) _____
 City/State/Zip: _____ Fax Number: (_____) _____
 Parent Name(s): _____ Athlete Email: _____
 Current School: _____ Parent Email: _____
 Date of Birth: _____ Parent Daytime Ph: (_____) _____

Medical Authorization and Release

I authorize CA Cheer and Dance, Inc. and its parties to consent to medical treatment for my child when I cannot be reached to so consent. I also give CA Cheer and Dance, Inc. 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 CA Cheer and Dance, Inc. 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.

Participant has elected to take part in certain recreational activities. In consideration for and as a condition of such participation, participant agrees to assume all risk involved with participation and agrees to hold CA Cheer and Dance, Inc. and it's parties, harmless from all suits, claims, or demands of every kind and character arising out of or in connection with the said athlete as a participant in said recreational program.

Participant further releases CA Cheer and Dance, Inc. and it's parties from all suits claims or demands of every kind and character which participant or participant's successors or assigns shall or may have arising out of or by reason of or in connection with the course of instruction and activities contemplated in the program. It is understood that participation in this activity could result in serious injury and/or death. It is declared that said participant is physically fit to participate in the program and is in good physical condition.

Parent/Legal Guardian signature: _____ Date _____

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

Any medicines allergic to: _____

Doctor: _____ Phone: (_____) _____

Insurance Carrier: _____ Policy Number: _____

Emergency Contact: _____ Phone: (_____) _____

Office Use Only: _____
 Cash ___ Check # _____

Team _____



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CA Cheer and Dance, Inc.

PERMISSION TO USE PHOTOGRAPH

I grant to CA Cheer and Dance, Inc. its representatives and employees the permission to use my child's photography image or recording in future promotion, advertisement and literature for any CA Cheer and Dance program. I authorize CA Cheer and Dance, Inc. and its assignees and transferees to copyright, use and publish the same in print and or electronically.

I agree that CA Cheer and Dance, Inc. may use such photographs of me with or without my child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Participant's name _____

Signature _____ Date _____

(parent or legal guardian if under age 18)