

**MEDICAL RELEASE**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent's Name: Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

I authorize FAME VALLEY to give my child Advil \_\_\_\_\_ (amount), Tylenol \_\_\_\_\_ (amount) if necessary.

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL RELEASE**

I, the parent or legal guardian of the above-named athlete, hereby give my approval to the child's participation in any and all FAME VALLEY activities during the 2015-2016 season. I understand that there are risks and hazards incidental to such activities. I understand the nature of the sport of cheerleading and the risks involved, and no matter how careful the coaches and participants are, or how many spotters are provided, or what the surface may be, the risk of injury cannot be eliminated including minor injuries and catastrophic injuries. I fully understand these risks and agree not to hold FAME VALLEY coaches and staff responsible for any form of injury that may occur at any time during any event or practice.

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat my child named above, for the purpose of attempting to treat or relieve any injuries received by said minor while she/he was a participant or observer in any class, practice, or activity/event of the FAME VALLEY organization.

I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or unhealthy conditions of said minor that he/she may encounter during any necessary operation. I consent to the administration of anesthesia as deemed advisable by any licensed physician. I recognize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any such risk on behalf of myself and said minor. I acknowledge that no warrant is being made as to the results of any treatment. I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of any accident, injury, sickness, etc. under the direction of any staff of FAME VALLEY until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

**HEALTH INSURANCE**

Insurer: \_\_\_\_\_ ID Number: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Athlete's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Does athlete have allergies or other medical restrictions: \_\_\_\_\_ If yes, list on back of this page.

My child has had a physical examination by a medical doctor within the past 12 months and has been cleared by the doctor to participate in cheerleading and related physical activities.

Signed: \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_