



MOUNTVILLE YOUTH ATHLETIC ASSOCIATION CHEERLEADING MEDICAL RELEASE FORM

I/WE HEREBY GIVE PERMISSION FOR MY CHILD (PRINT NAME) _____ TO PARTICIPATE IN THE YEAR 2007 MOUNTVILLE YOUTH ATHLETIC ASSOCIATION (MYAA) CHEERLEADING PROGRAM AND REQUEST THE ABOVE STATED CHEERLEADING PARTICIPANT IN THE ORGANIZED CHEERLEADING PROGRAM OF THE MYAA, AND IN CONSIDERATION OF SUCH PARTICIPATION AND INTENDING TO BE LEGALLY BOUND HEREBY, SAID PARENT AND/OR GUARDIAN OF CHEERLEADING PARTICIPANT ACKNOWLEDGES THAT CHEERLEADING PARTICIPANT WILL PARTICIPATE IN THE MYAA AND ALL GAMES AND PRACTICES INCIDENT THERETO AND BE USING SAID FACILITIES AT HIS/HER OWN RISK AND SAID PARENT AND/OR GUARDIAN OF CHEERLEADER ON HER/HIS OWN BEHALF HEREBY RELEASES, DISCHARGES, HOLDS HARMLESS AND INDEMNIFIES THE MYAA AND IT'S SUCCESSORS, ASSIGNS, COACHES, AND OFFICERS FROM ALL LIABILITY FOR INJURY TO THE PERSON OR PROPERTY OF THE MINOR CHILD, HIS/HER GUARDIAN, HIS/HER SPOUSE, HEIRS, AND LEGAL REPRESENTATIVE.

PRINTED NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

CHEERLEADER'S ADDRESS: _____

PHONE #: _____ CHEERLEADER'S BIRTH DATE: _____ AGE: _____

SCHOOL ATTENDING & GRADE AS OF SEPTEMBER 2008: _____

SQUAD ON LAST YEAR: _____ EMAIL ADDRESS: _____

FATHER'S NAME: _____ MOBILE PHONE #: _____

FATHER'S ADDRESS: _____ PHONE #: _____

FATHER'S EMPLOYER: _____ PHONE #: _____

FATHER'S E-MAIL: _____

MOTHER'S NAME: _____ MOBILE PHONE #: _____

MOTHER'S ADDRESS: _____ PHONE #: _____

MOTHER'S EMPLOYER: _____ PHONE #: _____

MOTHER'S E-MAIL: _____

INSURANCE CARRIER: _____ POLICY #: _____

NAME OF PHYSICIAN: _____ PHONE #: _____

HOSPITAL PREFERRED: _____ PHONE #: _____

IN THE EVENT THAT YOUR CHILD BECAME ILL OR WAS INJURED DURING PRACTICE, GAME, OR COMPETITION, PLEASE LIST TWO (2) EMERGENCY CONTACTS:

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

CIRCLE SQUAD THAT YOUR CHILD IS ON: A B C D JV

MEDICAL INFORMATION

	<i>Circle One</i>		<i>Circle One</i>
HEART CONDITION OR DISEASE	YES NO	ASTHMA	YES NO
DIABETES	YES NO	ALLERGIC TO MEDICATION	YES NO
CONVULSION DISORDER	YES NO	ALLERGIC TO INSECT STINGS	YES NO

STATE ALLERGIES _____ DATE OF LAST TETANUS SHOT _____

ADDITIONAL MEDICAL INFORMATION THAT MAY BE HELPFUL _____

ANY MEDICATIONS CURRENTLY RECEIVING _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

THIS SECTION FOR MYAA USE ONLY

REGISTRATION FEE PAID BY: CASH _____ CHECK # _____ AMOUNT \$ _____

RECEIVED BY: _____