



MOUNTVILLE YOUTH ATHLETIC ASSOCIATION CHEERLEADER TRYOUT MEDICAL RELEASE FORM

Student's Name: _____ Grade: _____
Address: _____ Home Phone: _____
City: _____ Zip Code: _____ Other Phone # _____
Parent or Guardian: _____
E-mail: _____
School: _____

I certify that _____ is physically capable and able to fulfill requirements needed to be a cheerleader. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during and squad related activity when either parent/guardian cannot be reached. If there is any physical or medical reason why he/she should not participate fully, MYAA requires a doctor's release. Furthermore, MYAA is not liable for any injury incurred during cheerleading.

Parent Signature: _____ Date: _____

Medical Treatment Permission Form

In the event of an emergency occurring while my son/daughter is on an MYAA sponsored practice, performance, or trip, I grant my permission to MYAA and its representatives to take whatever action necessary. In the event that I cannot be reached, I hereby authorize MYAA and/or its representatives to give consent for my son/daughter, _____ to receive medical treatment.

Person to be notified other than parent or guardian in an emergency:

Name: _____ Phone # _____
Family Doctor: _____ Phone # _____

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed:

Insurance Company _____ Policy # _____

Parent Signature _____ Date _____

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 _____

Squad trying out for _____