

Champion Cheer Central, Inc. Competition Waiver

Please fill out the form completely. All participants must bring the form to the competition completed at the time your team registers. You will not be permitted to compete without this form. Make sure a parent or guardian signs it. We ask that each person attending this competition complete this form.

Participant Information

Participant's Name _____			School/Organization's Name _____	
Home Address _____			Participant's Grade _____	Date of Birth _____
City _____	State _____	Zip _____	Parent's Daytime Phone Number _____	

Competitions Attending

Only ONE waiver needs to be completed. Please check each competition that the participant will be attending.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Spooktacular 10/25/09 | <input type="checkbox"/> Fall Classic 11/8/09 | <input type="checkbox"/> Fall Festival 11/14/09 | <input type="checkbox"/> Carnival of Champions 11/21/09 |
| <input type="checkbox"/> Winter Beach Blast 12/06/09 | <input type="checkbox"/> Big Chill 1/10/10 | <input type="checkbox"/> Bradford 1/16/10 | <input type="checkbox"/> Battle w/Stars 1/17/10 |
| <input type="checkbox"/> Blizzard Bonanza 1/23/10 | <input type="checkbox"/> Winterfest 1/24/10 | <input type="checkbox"/> Yellowjacket Jam 1/30/10 | <input type="checkbox"/> Bulldog Rumble 2/6/10 |
| <input type="checkbox"/> John Glenn 2/21/10 | <input type="checkbox"/> Cupid 2/27/10 | <input type="checkbox"/> March Madness 3/6/10 | |
| <input type="checkbox"/> Hard Rockin' Nationals 3/13—3/14, 2010 | | | |

Medical Information

Insurance Company _____	List any medications currently taking: _____
Address _____	_____
Medical Insurance Policy # _____	List any medications participant is allergic to: _____
Family Physician _____	_____
Phone () _____	_____

Medical History of Participant - please check all that apply, and provide details/explanation on the back of this form.

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Epilepsy/Fainting Spells | <input type="checkbox"/> Medical Conditions currently under treatment |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Mental Disorders | <input type="checkbox"/> Pre-Existing Injury Currently being treated |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Abnormal/irregular menstrual cycle | <input type="checkbox"/> Occurring sore throat/ear infection |
| <input type="checkbox"/> Contacts | <input type="checkbox"/> Heart Trouble | Other _____ | |

Medical Treatment, Authorization & Liability Release

I, the undersigned parent or guardian, do hereby grant permission for the above named participant to attend the above listed Champion Cheer Central, Inc. Competition. I also authorize any necessary treatment by a qualified physician for my daughter/son _____, which they may sustain while at the competition. In case of emergency during the event, I would like them taken to the hospital for medical treatment and hold Champion Cheer Central, Inc. and its representatives harmless in their execution of this authority.

I, further release Champion Cheer Central, Inc. and its representatives from any claims for injury or illness that may be sustained as a result of their participation in this event. I acknowledge and understand that in participating in this event, there is a possibility they may sustain illness or injury to connection with her/his participation. I further release the event location, Champion Cheer Central, Inc., as well as its representatives from any claims for personal injury or illness that they may sustain during the event, including without limitation any injuries resulting from negligence.

I understand and will be responsible for any medical bills that may be incurred on behalf of my daughter/son for physical illness or injury they may sustain during the competition. Champion Cheer Central, Inc. reserves the right to send any participant to a hospital for diagnosis and treatment, the parent assuming full responsibility.

I give Champion Cheer Central, Inc. permission to film, photograph, or video tape my daughter/son or me (advisor/coach/director/parent) for any reproductions connected with Champion Cheer Central, Inc.; in particular, reproduction for use in any form of advertisement for Champion Cheer Central, Inc. promotional purposes. Champion Cheer Central, Inc. may use such reproductions in any manner without further compensation to me (advisor/coach/director/parent) or my daughter/son. I have read the above statement and agree in full to it's content.

Parent or Guardian Signature _____	Participant's Signature (if over the age of 18) _____
Emergency Phone Number _____	Home Phone Number _____