

# Medical & Liability Release Form

Students Name \_\_\_\_\_

Team Name \_\_\_\_\_

- As a parent or legal guardian of the above athlete, I authorize my son/daughter to participate in the HEAT Cheerleading Competition at Sussex Hamilton High School.
- I authorize a representative of the Competition Staff to locate qualified and licensed medical personnel and/or transport said student to an appropriate medical facility in the event that it may become necessary.
- I understand I will be notified as soon as possible in the event of an emergency. I or my insurance company will assume all expenses of such treatment.
- HEAT Cheer, The Sussex Hamilton School District, coaches, staff and volunteers shall not be responsible for any injury incurred as a result of my son's/daughter's participation in the event.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Phone where available during competition \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

## Confidential Medical Information

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance co \_\_\_\_\_ Policy # \_\_\_\_\_

List pertinent medical information applicable to: Allergies, nervous disorders, heart trouble, diabetes, epilepsy etc.

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Indicate any medication or drugs to which the participant is allergic:

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Indicate any medication the participant is currently taking:

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List an emergency contact:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\*In order to participate, you need to bring this form to competition\*\***

