

MCCA MEDICAL RELEASE FORM

This completed form will enable Healthcare Facilities, MCCA Cheerleading Coaches and Volunteers to provide prompt care to your minor child in the event you cannot be reached.

Athlete's Name: _____

Date of Birth: _____

Guardian Name: _____ Primary Phone # : _____

Emergency Contact: _____ Primary Phone #: _____

Pediatrician/ PCP: _____

Allergies (drugs, food, latex, nickel, etc.): Yes ☐ No ☐

Please List (if any):

Currently taking Prescription Medication: Yes ☐ No ☐

Please List (if any):

Medical Conditions (asthma, anemia, hearing loss, dyslexia, ADHD): Yes ☐ No ☐

Please List (if any):

Up to Date on Shots: Yes ☐ No ☐ _____

Insurance Company: _____

Policy ID # _____

Group # _____

Name of Policy Holder: _____

Policy Holders DOB: _____

Any instructions or anything we should know regarding your insurance?

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the athlete. I hereby give permission for the coaches and volunteers of MCCA to seek during the period of the cheerleading season appropriate medical attention for the athlete and for medical attention to be given and for the athlete to receive medical attention in the event of accident, injury, or illness.

I/We will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, for ourselves and as the guardians of _____ (Athlete's Name) understand that cheerleading is an active, physical sport, and that injuries can take place during play. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in such activities.

I/We also understand that it is my/our responsibility in caring for the Athlete listed above, and to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she can engage in such a sport. I/We, the undersigned for ourselves, our heirs, executors, and administrators, waive, release and forever discharge MCCA its coaches, board members and others working with my child, from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in cheerleading activities, whether or not damages, injury, or loss is due to negligence.

I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I acknowledge that the above participant must have his/her own Medical Insurance. I understand that cheerleading camps, competitions, practices, clinics, and gymnastics equipment have an inherent danger in participation and that in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in MCCA at their own risk and will not hold MCCA, employees and/or instructors liable for any and all injuries that may occur while participating in the sport of cheerleading.

Signature of Parent or Guardian

Date: