



CHEERLEADER HEALTH FORM

CHEERLEADER INFORMATION:

Last Name: _____ First: _____ D.O.B. _____

Street Address: _____ State _____ Zip _____

In Case of Emergency Call: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Family Physician: _____ Phone: _____

Health Insurance Carrier: _____

Name On Policy: _____ Policy Number: _____

Allergies (Be Specific): _____

Current Medication / Prescriptions: _____

I HEREBY STATE THAT THE ABOVE MEDICAL INFORMATION IS COMPLETE AND CURRENT TO THE BEST OF MY KNOWLEDGE.

I HEREIN GIVE MY PERMISSION TO THE FREEDOM COWBOYS ADMINISTRATION, COACHES, AND OTHER REPRESENTITVES TO SEEK APPROPRIATE EMERGENCY MEDICAL CARE FOR MY CHILD SHOULD IT BE NECESSARY.

I UNDERSTAND THAT FREEDOM WILL NOT PAY FOR NOR PROVIDE ANY INSURANCE FOR SUCH CARE.

FREEDOM COWBOYS ADMINISTRATION, COACHES OR REPRESENTITIVES ASSUME NO RESPONSIBILITY OR LIABILITY FOR ANY INJURY OCCURRING AS A RESULT OF PRACTICE, GAME PLAY, EQUIPMENT FAILURE, OR DURING TRANSPORTATION TO AND FROM GAMES, PRACTICES, OR OTHER ACTIVITIES.

CHEERLEADING IS A PHYSICAL SPORT AND INJURIES MAY OCCUR. YOUR CHILD'S SAFETY AND PHYSICAL WELL-BEING IS OF THE UTMOST IMPORTANCE AND CONCERN. FOR THIS REASON, A PHYSICAL STATEMENT ATTESTING TO THE PLAYER'S FITNESS WILL BE REQUIRED BEFORE PARTICIPATION IS ALLOWED IN CONDITIONING AND PRACTICE.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

Cheerleader Name: _____

Cheerleader Signature: _____ Date: _____