



Northwest SilverStars

MEDICAL WAIVER

We give permission for _____ to participate in the Northwest Cheer activities. We understand that our child will be participating in various cheerleading activities, including (but not limited to) stunts, gymnastics, dance and jumps and may be traveling to competitions within the US and Canada.

We understand that our child is required to be in good physical shape and condition and that the activities he/she will be asked to do may be strenuous and require physical and athletic agility. We understand that there are risks involved in any athletic activity and that participation could result in serious injury. We hereby release Northwest Cheer, its staff and sponsors, from responsibility and liability for any claim of negligence, injury or illness that our child may sustain by participating in anything associated with Northwest Cheer including practices, performances, and traveling.

In the event of an emergency, we hereby authorize an adult staff member of this activity, as an agent for us, to consent to any x-ray examinations, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. We expect to be contacted as soon as possible.

Signature of natural parent or legal guardian

Date

Signature of natural parent or legal guardian

Date

(1) Emergency Contact _____ Phone _____

Relationship _____ Alt. Phone _____

(2) Emergency Contact _____ Phone _____

Relationship _____ Alt. Phone _____

MEDICAL INFORMATION

Allergies _____

Medications _____ Date of Meds _____

Physical handicaps or limitations (include previous injuries) _____

Medical Insurance Company _____