

# Texas Cheerleader<sup>®</sup> Magazine Medical Release Form

## FREE CHEER CLINIC

This medical release form is for the Texas Cheerleader<sup>®</sup> Magazine FREE Cheer Clinic to be held on June 4, 2011 in San Antonio at La Quinta Inn and Suites Conference Center.

**Clinic Location:**

La Quinta Inn and Suites Conference Center  
4431 Horizon Hill Blvd.  
San Antonio, Texas 78230  
(210) 525-8090 Hotel

**FREE Cheer Clinic**

**Time: 10 a.m. to 3 p.m.**

- Ages 5 and up
- Please bring a sack lunch and water bottle \*Wear comfortable clothes and cheer shoes
  - (no tank tops or flip flops please).
- End-of-Day Performance & Prizes at 3 p.m. (Parents are invited to attend)
- Please bring a friendship bracelet to trade with a new cheer friend you meet at the cheer clinic. (Bracelet can be made of simple yarn or ribbon).
- Contact # for day of event: (512) 733-7716 (Our main line will be forwarded to our staff cell phone)
- Registration Deadline is **May 27, 2011**
- Please Fax Registration Form to: 1-413-778-6600

**Parents, please complete ONE form per cheerleader. (Space is Limited, First Come First Serve)**

Participant Name: \_\_\_\_\_  
Gym/School Representing: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent or Guardian Name: \_\_\_\_\_  
Parent or Guardian Phone Number: \_\_\_\_\_  
Secondary Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Please list any medical conditions that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
Allergies to Medicines: \_\_\_\_\_

As in all athletic activities, there is an inherent risk to injury. I do hereby on behalf of myself and my child, release and forever discharge the event hosting organization, hosting facility, its principals, partners, members, managers, employees, officers, contractors, consultants, advisors, volunteers and agents from all claims, demands, and causes of action for injury to persons or property arising from participating in the event. I also understand that first aid will be rendered and/or if necessary or instructed to do so, give my permission to take my child to such a place as may be necessary for proper care and treatment. I grant permission to any hospital or clinic staff member to administer immediate treatment if necessary.

By granting permission for my child to participate in on of the above mentioned events, I assume full responsibility for said participants' personal safety and release the above mentioned hosts from any and all liabilities that may occur from injury, including death to said participant that may arise from participating in this event. I understand that these activities can result in serious injury and disability. I assume all responsibility and waive any claim for compensation for accidental injury, disability or death while attending the event and hereby hold harmless the host company, staff and hosting facility.

I have read and understand this document and agree that my child will follow the rules that pertain to the event. I further attest that and acknowledge that my child is in good physical health and is physically able to participate.

I understand that my child may be photographed, filmed video and/or audio taped during this event. I give permission for video and/or photographs of my child or myself to be used for promotional purposes for these events.

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_