

Medical and Liability Form for the Indian Invite

Please complete all sections below. **Bring this form with you to the competition. DO NOT MAIL** this form back to Menomonee Falls. You may not participate without this form. Make sure this form is signed by a parent or guardian. Each person competing in this competition must have this form completed.

PARTICIPANT INFORMATION

Participant's Name

Participant's Team Name

City State Zip

Participant's Date of Birth (Month and Year)

Participant's Grade

MEDICAL INSURANCE INFORMATION

Insurance Company _____

List Any Medications Currently Taking:

Address _____

Policy # _____

List Any Medication Participant Is Allergic To:

Family Physician _____

Phone () _____

MEDICAL TREATMENT AUTHORIZATION & LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for the above named participant to attend the above listed competition. I also authorize any necessary treatment for my daughter/son _____ by a qualified physician/medical provider for any injuries he/she may sustain while at the competition. In case of emergency during the event, I would like he/she taken to a hospital for medical treatment and will hold the School District of Menomonee Falls, Menomonee Falls Cheer, and its representatives harmless in their execution of this authority.

I further release The School District of Menomonee Falls, Menomonee Falls Cheer, and its representatives from any claims for injury or illness that may be sustained as a result of their participation in this event. I acknowledge and understand that in participating in this event, there is a possibility they may sustain physical illness or injury in connection with his or her participation. I further the full risk of physical injury by their participation and I further release the event location, School District of Menomonee Falls, Menomonee Falls Cheer as well as its representatives, from any claims for personal injury or illness that they may sustain during the event.

I understand and will be responsible from any medical bills that may be incurred on behalf of my son or daughter for physical illness or injury they may sustain during the competition. Menomonee Falls Cheer reserves the right to send any participant to a hospital for diagnosis and treatment with the parent assuming full responsibility. I have read the above statement and agree in full to its content.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

Participant Signature (if over 18) Date

Home Phone Number

Emergency Contact Name/ Relationship

Emergency Contact Phone Number