

Catholic Arts and Academic Competition

CHEER 4 CHRIST CHEERLEADING CONTEST

STUDENT MEDICAL FORM

Submit this form to School Cheer Sponsor

School: _____

Student's Name: _____ Grade: _____

Parent/Guardian: _____

Contact Phone Number: _____

Contact Email: _____

Alternate Contact Information: _____

ATTENTION CHEER SPONSORS: THIS FORM IS TO BE TURNED IN AT THE EVENT AT REGISTRATION. **STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT THIS FORM AND NO REFUND WILL BE GIVEN. NO EXCEPTIONS.**

**This form should be duplicated and completed for EACH PARTICIPANT, COACH AND CHAPERONE.*

****THIS FORM MUST BE IN THE PRESENCE OF THE PROPER ARCHDIOCESE OF SAN ANTONIO DEPARTMENT OF CATHOLIC SCHOOLS AUTHORITY AT ALL TIMES DURING THE EVENT. ****

MEDICAL TREATMENT / LIABILITY RELEASE

I, the undersigned parent/guardian of the participant listed above, do hereby grant permission for my child, _____, hereinafter referred to as "participant", to participate in the Archdiocese of San Antonio Department of Catholic Schools Catholic Arts and Academic Competition (CAAC) Cheer Tournament.

I understand that by attending and participating in this tournament, there is the risk of physical injury or illness to participant. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against the Archdiocese of San Antonio, the Department of Catholic Schools, the tournament site, and/or employees, independent contractors or volunteers working on behalf of the Archdiocese or the tournament site for any injury or illness which participant may sustain while participating in this tournament.

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Furthermore, I authorize for participant to receive the necessary medical treatment in the event of injury or illness. I hereby hold the Archdiocese of San Antonio, the Department of Catholic Schools, the tournament site and its representatives (including, but not limited to, cheer sponsors, CAAC campus coordinators, employees, and volunteers) now and in the future harmless in the exercise of this authority.

Signature of Parent/Legal Guardian: _____ Date: _____

I HEREBY GRANT PERMISSION FOR THE ABOVE NAMED PARTICIPANT, MY CHILD, TO BE TREATED IN CASE OF EMERGENCY, ACCIDENT OR ILLNESS.

Name of Student/Participant: _____

Participant Date of Birth: _____

Name of Emergency Contact: _____

Relationship to Participant: _____

Daytime Phone #: _____ Evening: _____

THE FOLLOWING IS THE PARTICIPANT'S INSURANCE/MEDICAL INFORMATION.

Insurance Company Name: _____ Policy/Group #: _____

Doctor's Name: _____ Phone: _____

Known Allergies: _____

If this form is given to the participant or chaperone/cheer sponsor of participant for use in obtaining medical treatment, it must be returned after use to the proper Archdiocese of San Antonio Department of Catholic Schools authority in charge.