

**VICTORY CHEER & DANCE
AUTHORIZATION / RELEASE FORM**

STUDENT NAME: _____

(LAST)

(FIRST)

Home Phone: _____

E-mail address: _____

(Mother/Guardian) _____

Work Phone: _____

(Father/Guardian) _____

Childs Birthday: _____

Address: _____

Student Cell: _____

(Street)

Parent Cell: _____

(City)

(State)

(Zip)

DRIVER LICENSE # _____ STATE _____

EMERGENCY CONTACT

HEALTH INSURANCE COMPANY / POLICY#

Name: _____

Phone #: _____ Cell# _____

(Address)

(Phone #)

Are there any MEDICAL CONDITIONS that we need to be aware of?

Please list any physical limitations, injuries, or weakness that may affect the student:

I authorize Victory Cheer & Dance and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. 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 place as may be necessary for the proper care. I grant permission to any hospital or clinic staff member to administer immediate treatment if necessary and accept financial responsibility for all services rendered. As in all athletic activities, there is an inherent risk of injury. I do hereby, on behalf of myself and my child, release and forever discharge Victory Cheer & Dance, Tyson Thomas, James Rogers, and Cobalt Industrial REIT II/ Transwestern or any entity forward by the forenamed individuals from any and all claims, demands, and causes of action for injury to persons or property arising from participation in Victory Cheer & Dance/Rebel Yell All Stars instruction, practices, performances and/or activities. I further attest and acknowledge that my child is in good health condition and is physically able to participate. I accept financial responsibility for instructional classes, privates, choreography, and/or all-star monthly tuition fees. I hereby give my permission for my child to participate in Victory Cheer & Dance instructional and/or all-star programs.

DATE

PARENT / GUARDIAN SIGNATURE