

WVJFC INC. CHEERLEADING COMPETITION & COMPLIANCE FORM

(This form must be filled out in its entirety and signed by parent or legal guardian in order for the cheerleader to compete.)

CHEERLEADER INFORMATION

ORGANIZATION NAME _____ SQUAD _____
CHEERLEADER'S NAME _____ DATE OF BIRTH ____/____/____ AGE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PARENT/GUARDIAN NAME _____ HOME PHONE _____ CELL PHONE _____

MEDICAL INFORMATION

In case parent/guardian can not be reached: EMERGENCY CONTACT NAME _____
CONTACT PHONE NUMBER _____ RELATIONSHIP TO PARTICIPANT _____
PHYSICIAN'S NAME _____ PHONE NUMBER _____
HEALTHCARE OR INSURANCE CARRIER _____ ID OR POLICY # _____
GROUP # _____ INSURER'S NAME _____ RELATIONSHIP TO PARTICIPANT _____
Is the participant currently being treated for any type of medical condition? NO YES _____
Please list allergies i.e. medications etc.? _____

RELEASE AND WAIVER

I, THE UNDERSIGNED PARENT OR GUARDIAN. . .

- 1). Hereby grant permission for my cheerleader, named above, to participate in the Wyoming Valley Cheerleading Competition(s).
- 2). The WVJFC Inc. will take all necessary precautions to prevent injury and secure the safety of my cheerleader.
- 3). Acknowledge and am fully aware of the obvious dangerous nature of the sport of cheerleading (which involves motion, rotation, inversion or heights) for which my cheerleader is involved can result injury (minimal, serious or catastrophic, including death).
- 4). Agree for myself or on behalf of my cheerleader or any other authority to make no claim or demand of any kind and hold harmless and release from Liability the WVJFC Inc. Organization Coaches and Volunteers for any claims, judgment or loss, liability, cost and expenses (including without limitation, attorney's fees and cost) arising out of or in connection with the event, including any claims arising out of or in connection with any injury that the cheerleader may incur or sustain during the event, all activities associated with the event and while traveling to and from the site for the event .
- 5). Give my permission to the WVJFC Inc. Organization Coaches to take the necessary measures in order for my cheerleader to receive medical treatment in the event of illness or injury, release WVJFC Inc. Organization of all liability associated with the exercise of this authority, and understands and agrees to allow medical personnel or health care facility staff to administer immediate medical treatment to my cheerleader.
- 6). NON CONFERENCE PARTICIPANTS - Am ultimately responsible for payment of expenses incurred for medical treatment.
- 7). Hereby give WVJFC Inc. Organizations the right and permission to film, photograph, video and audio tape my cheerleader and myself while participating and attending the event for marketing purposes i.e. broadcast and/or promotional materials and further understand and agree that there is no royalty or reproduction of images and that all images used become the property of the WVJFC Inc. Organizations.

BY SIGNING BELOW THE CHEERLEADER, COACH AND I, VERIFY THAT. . .

- 1) I am the parent or guardian of the cheerleader named above and
- 2) I have read, understand and agree to all the conditions and statements listed in this Participation and Compliance Form.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
CHEERLEADER'S SIGNATURE _____ DATE _____
COACH'S SIGNATURE _____ DATE _____