MEDICAL INFORMATION AND MEDICAL RELEASE

Athlete Name _____ Birth Date_____

Address _____

Parent(s) Name _____

Parent Email _____

Parent Cell Phone _____ Additional Phone _____

Emergency Contact/Number _____ Relationship _____

Secondary Contact/Number _____ Relationship _____

Student's Physician _____ Phone _____

Does the student have any special medical conditions or allergies that we should be aware of? If so, please explain.

Any orthopedic conditions that will limit safe participation any activity:

Contact Lenses/Glasses _____ Asthma _____ Diabetic _____ Cardiac Problems _____

Medical Release: If it appears that medical treatment should be necessary due to an accident, we will attempt to contact the emergency contact listed. If we cannot get in touch with the emergency contact, then we need authorization to seek medical treatment.

I hereby authorize Rockstar Cheer Las Vegas to seek medical treatment for _____ in an emergency that may arise while he/she is on the Rockstar Cheer Las Vegas premises or in attendance at an associated event, competition, or trip.

Parent/Guardian Signature _____ Date _____

Medical Insurance Information

The undersigned certified that medical insurance covers the student while he/she participates in gymnastics/cheerleading activities at Rockstar Cheer Las Vegas.

Insurance Company Name _____ Policy # _____

Parent/Guardian Signature _____ Date _____