

NSCX INVITATIONAL

MEDICAL RELEASE FORM

I, _____, give permission for my child, _____ to participate in the North Shore Cheer X-plosion Invitational. I understand that in cheer and dance, as in all athletic endeavors, there is a chance of serious injury to my child. I agree to hold harmless North Shore Cheer X-plosion, Woburn High School, their officers and assigns, their employees and all hosts facilities from any liability in the event of an injury or sickness to my child. I authorize the tournament officers and volunteers of North Shore Cheer X-plosion, if necessary, to transport my child to a licensed medical facility or hospital and to authorize medical treatment for my child.

I acknowledge and agree that any photos or videos taken at NSCX Invitational may be used for promotional purposes without compensation to any individuals or team.

PLEASE PRINT AND FILL OUT ALL SECTIONS

Participants Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parents/Guardians: _____

Day Phone: _____ Eve Phone: _____ Cell _____

Team: _____ Coach: _____

List all medications your child is currently taking: _____

Allergies/Medical concerns: _____

Insurance Provider: _____

Insurance Carrier: _____ Group/Policy # _____

Primary Doctor: _____ Phone #: _____

I acknowledge that I have completely and accurately filled out the above information:

Parent/Guardian _____ Date: _____