

Fellowship of Christian Cheerleaders

Impact Cheerleading



Medical Emergency Release Form

Note: Please reproduce these for each cheerleader to be signed by his/her parent or guardian and return to Impact Cheerleading/FCC. Cheerleaders WILL NOT be able to participate at a camp or competition without returning a Medical Emergency Release Form.

School/Squad: _____ Division: _____

Name of Participant: _____

Social Security Number: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Emergency Contact: _____

City: _____ State: _____ Zip: _____

Do you have allergies? Yes No if yes, please list any allergic reactions and the cause:

Each participant must have personal insurance.

Medical Insurance Company _____

Policy Number _____

I hereby grant permission for my daughter/son to participate at a camp or competition hosted by the Fellowship of Christian Cheerleaders/ Impact Cheerleading. He/she may be treated by a licensed physician, emergency treatment center, or a member of FCCs or Impacts training staff in the event of any injury, accident, illness or other mishap during the course of his/her time of participation. The undersigned applicant (parent or guardian if under 18 years of age) understand that he/she will be engaging in physical activity during the program that contains inherent risk of physical injury. FCC, The Board of Directors of FCC, or the camp/competition sites will not be held liable for personal injury occurring as a result of this applicant's participation in the activities that comprise an FCC/Impact competition.

Applicant's Signature

Date

Signature or Parent/Guardian

Date