

**CHAMPION CHEERLEADING**  
**EMERGENCY INFORMATION/CONSENT FORM**

Name \_\_\_\_\_ School \_\_\_\_\_ Birth date \_\_\_\_\_

Age \_\_\_\_\_ Parent (Guardian) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone/Cell Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED, NOTIFY:**

Name \_\_\_\_\_ Alt. Phone ( ) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr. Phone ( ) \_\_\_\_\_

*As legal guardian of \_\_\_\_\_, I hereby give my consent for her/him to participate in all events at Champion Summer Camps. I recognize that potentially severe injuries can occur in any sport, including cheerleading. I hereby agree to individually provide for the possible future medical expenses, which may be incurred as a result of injury sustained by my child while at camp. I give my permission for the athletic trainer, Champion personnel, or team coach to use their own judgment in applying first aid treatment and securing medical aid, ambulance/emergency service until the parent(s) or guardian can be contacted. Our insurance begins where yours ends--- we therefore require your current insurance information to use in the event of an emergency.*

Type of Insurance \_\_\_\_\_ Contract # \_\_\_\_\_

Group # \_\_\_\_\_ Name on Card \_\_\_\_\_

**CURRENT HEALTH INFORMATION:**

Contacts worn: Yes/No      Asthma: Yes/No      Have Inhaler on person: Yes/No

Recent Illness: \_\_\_\_\_

Allergies: \_\_\_\_\_

On Medication: \_\_\_\_\_

Surgery (within past year): Yes/No \_\_\_\_\_

Unconscious (within past year): Yes/No \_\_\_\_\_

**I CERTIFY THAT PHOTOGRAPHS OR VIDEOTAPED PICTURES OF MY CHILD PARTICIPATING IN CHAMPION CHEERLEADING CAMPS MAY BE REPRODUCED AND UTILIZED IN PROMOTIONAL MATERIALS FOR THE CAMP.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date of Signing