

Fairfax Cheerleading Camp Waiver

Please fill out the form completely. All participants must complete this form. You will not be permitted to participate without this form. Make sure a parent or guardian signs it.

Participant Information

Participant's Name _____	Camp Location/Date _____
Home Address _____	School/Organization's Name _____
City State Zip _____	Participant's Grade _____
Participant's Date of Birth _____	Parent's Daytime Phone Number _____

Medical Information

Insurance Company _____

List any medications currently taking: _____

Address _____

Medical Insurance Policy # _____

List any medications participant is allergic to: _____

Family Physician _____ Phone _____

Medical History of Participant - please circle all that apply, and provide details/explanation on the back of this form.

Allergies <input type="checkbox"/>	High Blood Pressure <input type="checkbox"/>	Epilepsy/Fainting Spells <input type="checkbox"/>	Medical <input type="checkbox"/> Conditions currently under treatment
Asthma <input type="checkbox"/>	Convulsions <input type="checkbox"/>	Mental Disorders <input type="checkbox"/>	Pre-Existing Injury Currently being treated <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Recurring sore throat/ear infection <input type="checkbox"/>	Migraine Headaches <input type="checkbox"/>	Abnormal/irregular menstrual cycle <input type="checkbox"/>
Contacts <input type="checkbox"/>	Heart Trouble <input type="checkbox"/>	Other <input type="checkbox"/>	

Medical Treatment, Authorization & Liability Release

I, the undersigned parent or guardian, do hereby grant permission for the above named participant to attend the above listed Fairfax Cheerleading Camp. I also authorize any necessary treatment by a qualified physician for my daughter/son _____, which they may sustain while at the camp. In case of emergency during the camp, I would like them taken to the hospital for medical treatment and hold Fairfax Cheerleading and its representatives harmless in their execution of this authority.

I, further release Fairfax Cheerleading and its representatives from any claims for injury or illness that may be sustained as a result of their participation in this camp. I acknowledge and understand that in participating in this camp, there is a possibility they may sustain illness or injury to connection with her/his participation. I further release the camp location, Fairfax Cheerleading, as well as its representatives from any claims for personal injury or illness that they may sustain during the camp, including without limitation any injuries resulting from negligence.

I understand and will be responsible for any medical bills that may be incurred on behalf of my daughter/son for physical illness or injury they may sustain during the camp. Champion Cheer Central, Inc. reserves the right to send any participant to a hospital for diagnosis and treatment, the parent assuming full responsibility.

I give Fairfax Cheerleading permission to film, photograph, or video tape my daughter/son or me (advisor/coach/director/parent) for any reproductions connected with Fairfax Cheerleading; in particular, reproduction for use in any form of advertisement for Fairfax Cheerleading promotional purposes.

Fairfax Cheerleading may use such reproductions in any manner without further compensation to me (advisor/coach/director/parent) or my daughter/son. I have read the above statement and agree in full to it's content.

Parent or Guardian Signature

Participant's Signature (if over the age of 18)

Emergency Phone Number

Home Phone Number