

FOLSOM JR. BULLDOGS CHEER CLINIC & TRYOUTS



**MEDICAL TREATMENT AUTHORIZATION &
LIABILITY RELEASE FORM**
Form to be completed by parent. Not medical doctor.

(PLEASE PRINT)

Participant's Name _____ Squad (please circle)
Mascots/MM LD UD

Present Address _____ City _____ State _____ Zip _____

Name of Parent or Guardian _____

Parent or Guardian address _____ City _____ State _____ Zip _____

I. I, _____ the undersigned parent and/or guardian, do hereby grant permission for my daughter, whose name is _____, and hereinafter shall be referred to as "participant", to participate in the Folsom Jr. Bulldogs Cheer Clinic and Tryouts. In order that the participant may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the Folsom Jr. Bulldogs and its representatives harmless in the exercise of this authority.

II. I further acknowledge, understand and agree that in taking part in this Cheer Clinic and Tryouts, there is a possibility of physical illness or injury (minimal, serious or catastrophic) and that by participating, I am assuming the risk of such illness or injury by participation.

III. I further agree to hold harmless volunteers of the Folsom Jr. Bulldogs which administers the Cheer Clinic and Tryouts and the park or school in which the event is being conducted for any injury or illness incurred by participant during the course of the Cheer Clinic and Tryouts.

List any medication to which the participant is allergic:

List any medication to which the participant is taking:

Signature of Parent and/or Guardian _____ Date: _____

Emergency contact: Mother: _____ Cell: _____

Father: _____ Cell: _____

If a parent cannot be reached, contact: _____ @ # _____

Family Doctor: _____ Phone #: _____

Insurance Company: _____ Policy #: _____