



Wildfire's

Rumble In The Jungle



Medical Release Form

Name _____ Date of Birth _____

School/Team Name _____ Coach's Name _____

Parent/Guardian _____

Address _____

Home Phone _____ Cell _____

Emergency Contact Phone _____

Insurance Company _____ Policy Number _____

Family Physician _____ Phone _____

Medical History

Circle One

Heart condition/disease	Yes No
Diabetes	Yes No
Epilepsy/seizure disorder	Yes No
Contact Lenses	Yes No
Asthma	Yes No

(clarify) _____

Additional Med. Info _____

I certify that _____ is physically capable and able to fulfill the necessary requirements to participate. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury when the parent/guardian cannot be reached. I understand that I am responsible for all expenses should injury occur. I acknowledge and understand the risks involved (including, but limited to broken bones, spinal cord injuries and even death) in this event and grant permission for my child to participate. I further agree to hold harmless Wildfire Cheer, its affiliates, staff, and facility for any injury sustained as a result of my son's /daughter's participation. I have read the above warning and thoroughly appreciate/understand the assumption of risks inherent in cheer/dance participation.

Parent/Guardian Signature _____ Date _____