

**EPYAL YOUTH CHEERLEADING
MEDICAL INFORMATION AND RELEASE FORM**

Player's Name _____

D.O.B _____

Father's Name _____ Home

Phone _____ Work Phone _____ Cell Phone _____

Email _____

Mother's Name _____ Home

Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact _____

Phone _____

MEDICAL INFORMATION:

Family Physician's Name _____

Phone _____ Address _____

Date of Last Appointment: _____

Medical Conditions (list): _____

Medications (list): _____

Insurance Company _____

policy # _____ Group# _____

I agree the above information is true and factual. I am informing EPYAL Youth Cheerleading of any and all medical conditions that may interfere with my child's ability to participate with Cheerleading. I reserve the right to have my child examined and/or have a physical done at my primary care physician's office although it is not required by CFA.

I hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.

Parent Signature _____ Date _____

PRINT NAME _____

NOTE: This release/copy is to be carried by head/assistant coach to all practices and games.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in any sport! Strains, sprains, fractures, and dislocations can occur in Cheerleading. Always use good techniques, proper warmups and stretching, as well as good nutrition, and plenty of sleep.