

Fellowship of Christian Cheerleaders and Impact Cheerleading



Medical Emergency Release Form

Note: Please reproduce this form for each cheerleader to be signed by his/her parent or guardian and return to FCC/Impact Cheerleading. Cheerleaders WILL NOT be able to participate at any FCC/Impact camp or competition without returning a Medical Emergency Release Form.

School/Squad: _____ Division: _____

Name of Participant: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Emergency Contact: _____

City: _____ State: _____ Zip: _____

Do you have allergies? No _____ Yes: _____ if yes, please list any allergic reactions and the cause:

Each participant must have personal insurance.

Medial Insurance Company: _____

Policy Number: _____

I hereby grant permission for my daughter/son to participate at a camp or competition hosted by the Fellowship of Christian Cheerleaders/Impact Cheerleading. He/she may be treated by a licensed physician, emergency treatment center, or a member of FCC/Impact's training staff in the event of any injury, accident, illness or other mishap during the course of his/her time of participation. The undersigned applicant (parent or guardian if under 18 years of age) understands that he/she will be engaging in physical activity during the program that contains inherent risk of physical injury. FCC, Impact, The Board of Directions of FCC, or the camp/competition sites will not be held liable for personal injury occurring as a result of this applicant's participation in the activities that comprise an FCC/Impact camp or competition.

Photo Release: *The Fellowship of Christian Cheerleaders, Impact Cheerleading and its legal representatives and staff, retain the right and permission to publish, without charge, photographs taken during this event. These photographs may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways.*

Applicant Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____