



Cheerleading Tryout Participation Packet Checklist

Please complete and bring all attached documents with you to the Try-Out.

- _____ 1. Emergency Contact and & Insurance Form
- _____ 2. Medical Consent Form
- _____ 3. Copy of front and back of medical insurance card

Return to:

Becky Otto
Carl Albert State College
1507 S. McKenna
Poteau, OK 74953
FAX: 918-647-1327
Phone: 918-647-1325
Email: vikingcheer@carlalbert.edu

Emergency Contact Information

PLEASE PRINT

Student-Athlete's Name: _____
Student-Athlete's SSN: _____ Date of Birth: _____ Gender: MALE /
FEMALE
Student-Athlete's Permanent Address: (Street) _____
(City, State Zip) _____
Permanent Telephone: _____

Father/Male Guardian

Name: _____
Address (Street): _____
(City, State Zip): _____
Employer: _____
Work Telephone: _____
Home Telephone: _____
Cell Phone: _____
Email Address: _____

Mother/Female Guardian

Name: _____
Address (Street): _____
(City, State Zip): _____
Employer: _____
Work Telephone: _____
Home Telephone: _____
Cell Phone: _____
Email Address: _____

Medical Insurance (Attach a copy of the front and back of medical insurance card):

Company/Plan: _____
Address (Street) _____
(City, State Zip): _____
Policy Number: _____
Telephone: _____

Is your son/daughter covered by this plan? YES NO

Is pre-authorization required? YES NO

Please fill out the above information, even though you will attach a photocopy of your insurance card.

In case a parent/guardian cannot be reached, please enter a third emergency contact.

Name: _____
Address (Street): _____
(City, State Zip): _____
Work Telephone: _____
Home Telephone: _____
Cell Phone: _____
Relationship to Student-Athlete: _____

Medical Consent Form

Athlete Name _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above-named student-athlete. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student-athlete may be given. NO surgery, other than surgery for major **life-threatening** injuries, will be performed without prior medical opinions being given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents/legal guardians/spouse as soon as possible. Permission is also granted to the athletic training staff to provide the needed emergency treatment and first aid to the student-athlete prior to his/her referral to the attending physician or admission to the medical facilities.

STATEMENT OF RISK

While benefits derived from collegiate athletic participation are great, there are also calculated risks involved in such participation. Collegiate student-athletes need well-conditioned bodies to perform in a successful manner. No matter how well-conditioned the human body is, injuries may and will occur. These injuries range from very minor injuries to major injuries that may require minor or major surgery. Some injuries could possibly cause permanent damage or even be life threatening. Both participants and parents are hereby advised that an element of risk is present in all collegiate athletic participation.

I hereby affirm that I have read the above information and understand that the risk of injury exists in all collegiate athletic participation.

Signature of Student-Athlete

Date

Signature of Parent/Guardian
(only if student-athlete is under the age of 19)

Date

RELEASE OF LIABILITY

Read before signing.

In consideration of being allowed to participate in any way with Carl Albert State College and/or its related events and activities, I _____ (Your Name) the undersigned, acknowledge, appreciate, and agree that:

1. Risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the school/gym immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Carl Albert State College Viking Cheer Team, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity (Carl Albert State College Viking Cheer Team), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature _____ Age (as of today) _____

Date Signed _____

For Parents/Guardians of Participants of Minority Age (Under 18 at Age of Registration): This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES to the fullest extent permitted by law.

Parent/Guardian
Signature _____

Print Name _____ Date Signed _____