



Medical Information and Waiver
for
The SkyHawk Cheer & Dance Sensation
January 19, 2014
Skutt Catholic High School
Omaha, Nebraska



- ✓ **Make 1 copy for every team member or individual competitor.**
- ✓ **Parents and Competitors MUST sign the bottom of the release.**
- ✓ **Coaches should collect signed forms from all competitors, check that all forms are filled out and signed, and mail all forms with their registration.**
- ✓ **Competitors who do not turn in fully completed release forms will not be allowed to compete and no refunds will be given.**

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Competitor Name		Birth Date	Grade Level	Phone (including area code)
Parent's Name		Team Name		
Address		Emergency Contact	Relationship	
City	State	Zip	Emergency Contact Phone (including area code)	
E-Mail Address		Health Insurance Carrier	Policy Number	

I certify that my child has permission to attend the **SkyHawk Cheer & Dance Sensation** and has been cleared by a physician to participate. We agree on behalf of ourselves, the child named herein, or our heirs, successors, and assigns, to hold harmless and defend **Skutt Catholic High School**, its officers, directors and agents, and the Archdiocese of Omaha and representatives associated with the **SkyHawk Cheer & Dance Sensation** supervision, from any illness, injury, or cost of medical treatment, arising from or in connection with the student's (named above) participation in the competition activities, that is not the result of intentional neglect or willful or wanton misconduct by the school, its agents, representatives or employees. Please note: Injuries can be severe in nature - including but not limited to broken bones, torn ligaments, paralysis, catastrophic injury, and even death.

I certify that my son/daughter has no health or physical defect, which will hamper his/her ability to perform in the **SkyHawk Cheer & Dance Sensation** or which might cause cheerleading or dance to be unsafe to his/her health. Further, I certify that my son/daughter is covered by adequate health insurance to cover any cost of any accident that might occur to him/her during the **SkyHawk Cheer & Dance Sensation**. Any costs not covered by insurance will be my personal responsibility. I give my consent for my child to receive emergency medical care and/or be transported by ambulance or other conveyance to a doctor or hospital for attention and treatment.

In addition, I agree to the following two clauses:

SPORTSMANSHIP CLAUSE

All participants agree to conduct themselves in a manner displaying good sportsmanship throughout the competition. The advisor/coach and/or captain of each squad is responsible for seeing that squad members, coaches/assistant coaches, parents, and other persons affiliated with the squad conduct themselves accordingly. Severe cases of unsportsmanlike conduct are grounds for disqualification (no refunds will be given). By signing this waiver, both my child and I agree to demonstrate good sportsmanship while competing at or attending the **SkyHawk Cheer & Dance Sensation**.

MEDIA RELEASE

By signing this waiver, I hereby release any photos and/or video footage of my son/daughter that may be taken during the **SkyHawk Cheer & Dance Sensation**. I understand that these photos and/or videos will be in good taste, and may be used for promotional purposes.

I have read and I understand all the aforementioned statements, and I give my son/daughter permission to participate in the aforementioned competition.

Parent Signature

Date

Competitor Signature

Date