Ball State University Code Red Dance Team Medical Release Form



Tryouts: May 2, 2010 @ Noon

All applicants taking part in tryouts must have the following turned in to attend tryouts.

- This medical release form signed by the participant and one parent.
- Copy of insurance card.**
- Copy of updated physical within past year. This can be from a high school physical, family doctor or health clinic.**

Return no later than April 23 to:

Molly Myers

Ball State University Athletics Director of Marketing & Promotions HP 116 Muncie, IN 47306-0929	Registration will begin @ 11 a.m. Worthen Arena, Ball State University For additional information: www.ballstatesports.com	
PARTICIPATING IN ALL ACTIVITIES RELATING	, DO HEREBY GIVE ENT IF THE NEED SHOULD ARISE WHEN I AM TO THE BALL STATE UNIVERSITY CODE RED RACTICES AND SCHOOL YEAR PRACTICES, ATHLET	-IC
I AM ALLERGIC TO THE FOLLOWING MEDICA	ATION:	
BIRTHDAY:/		
SIGNATURE:	DATE:	
PARENT SIGNATURE:	DATE:	
INSURANCE WAIVER: I,	, DO CERTIFY THAT I AM	
POLICY NUMBER BILLS INCURRED DURING THE BALL STATE L	OR I WILL PAY ALL MEDICAL JNIVERSITY CODE RED TRYOUTS.	
SIGNATURE:	DATE:	
PARENT SIGNATURE:	DATE:	
TRYOUTS, SUMMER AND SCHOOL YEAR PRACTICAND WAIVER WILL BIND MY HEIRS, DESIGNEES, A	, DO HEREBY RELEASE BALL STATE UNIVERSITY NEES FROM ANY LIABILITY ARISING OUT OF THE CODE R CES, ATHLETIC EVENTS AND APPEARANCES. THIS RELEA ADMINISTRATORS AND OTHERS OPERATING ON MY BEH. ICE TEAM AND/OR THEIR EMPLOYEES, AGENTS OR	EE ASI
	DATE:	
PARENT SIGNATURE:	DATE:	

^{**}Members of the 2009-10 Code Red Dance Team do <u>not</u> need to submit an updated physical or copy of insurance. Athletics will use what is currently on file.