



Stamford Stars Competitive Cheer LLC

Registration, Medical & Emergency Care

Form

Athletes Name: _____ Birth Date: _____

Parent (s) _____

Address: _____ City: _____ State: _____

Cell: _____ Home: _____ Email: _____

Authorized person to contact in an emergency: _____

Relationship: _____

Athlete's Allergies, Chronic illnesses, medications taken, and other medical conditions: (include Epi pen and/or inhaler)

Doctor and Insurance Information

Family Physician: _____ Phone: _____

Do you carry medical/ hospital insurance: Yes or No, If yes indicate carrier

Name: _____ Insured: _____

Policy#: _____ Phone: _____

Please read carefully:

Assumptions of, risk: I permit my child or ward to enroll and participate as an athlete in Stamford stars Competitive Cheer. I hereby release and hold harmless Stamford Stars LLC, its employees, instructors, agents and directors from all claims and demands, liabilities, harm or damage that may result to my child or ward. I understand that any activity, which involves but not limited to motion, rotation, height, and inversions, may result in serious accidental injury, including paralysis and even death. I have been informed of and assume all risk associated with this sport including, but not limited to falls, contact with other participants and other reasonable risk, conditions associated with the sport. All such risk s to my children are known and understood by me. I have health insurance to

cover my child.

As a parent or legal guardian of above named athlete, I hereby authorize staff of Stamford stars LLC to give care to my child including authority for medical transportation, in the event of an injury or illness. I also authorize qualified medical personnel to provide emergency medical care, including but not limited to x-rays, routine test, treatment and any records necessary for insurance purposes in the event of an emergency.

WE HAVE READ & FULLY UNDERSTAND THE POLICIES, PROCEDURES AND ASSUMPTION OF RISK. MY CHILD AND I AGREE TO ABIDE BY THE POLICIES STATED.

Participation signature: _____

date:

Parent/ Guardian Signature:

_____ date: