



THIS FORM SHOULD BE DUPLICATED AND COMPLETED FOR EACH PARTICIPANT, COACH & CHAPERONE ATTENDING CAMP, COMPETITION OR OTHER EVENT. DO NOT MAIL THIS FORM! BRING IT WITH YOU TO TURN IN AT EVENT REGISTRATION. NO PARTICIPATION IS ALLOWED WITHOUT THIS FORM & NO REFUND GIVEN! NO EXCEPTIONS!

CHRISTIAN CHEERLEADERS OF AMERICA MEDICAL TREATMENT/LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for my child, whose name is (enter participant's name) _____ and hereinafter shall be referred to as "participant", to participate in the CHRISTIAN CHEERLEADERS OF AMERICA CHEER CAMP, COMPETITION OR OTHER EVENT conducted by CHRISTIAN CHEERLEADERS OF AMERICA. I grant my permission for said participant to receive the necessary medical treatment in the event of an injury or illness. I hereby hold Christian Cheerleaders of America and its representatives (including directors, instructors, host campuses and their personnel) and its subsidiaries now and future (such as Christian Cheerleading Championships and SpiritStore) harmless in the exercise of this authority.

I further acknowledge, understand and agree that in taking part in this camp/athletic activity/competition, there is possibility and even inherent risk of physical injury or illness and that participant is assuming the risk of such illness or injury by participation.

I further agree to hold harmless Christian Cheerleaders of America, including its directors, officers, campus and campus officials and staff as well as its subsidiaries (i.e.. Christian Cheerleading Championships and SpiritStore) from any and all liability for any claim whatsoever, including any claim arising out of any injury or illness incurred by participation during the course of the camp/athletic activity including, but not limited to, rehearsals, social activities, practices, competitions, and/or other activity associated with the course of the camp or activity, including travel to and from such activity.

WAIVER OF LIABILITY

I hereby waive and absolve Christian Cheerleaders of America and all divisions, personnel and subsidiaries thereof of any liability and responsibility of injuries, sickness, accidents and/or acts of God incurred during participation in camps, clinics, private coaching, choreography, SpiritStore, competitions and/or any other related activity by my child (enter participant's name) _____. In consideration of my signed release allowing my child to participate in a Christian Cheerleaders of America activity, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release and forever discharge any and all rights and claims for damage which my child (previously named) known as participant or I may have or which may hereafter accrue to me or my participant child against Christian Cheerleaders of America, the camp/clinic/competition/store, directors, instructors, other personnel, host campuses and their personnel or their respective employees, offices, agents, representatives, successors and/or assignees, for any participation in or rising out of travel to and/or return from the respective Christian Cheerleaders of America site. In the event of injury/accident/sickness, Christian Cheerleaders of America and/or instructors are to contact the designated adult listed below as soon as possible to the best of their ability.

Signature of Child/Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Mailing Address of Participant including City, State, Zip _____

School Participant is Representing _____ Location of CCAActivity _____

THIS FORM MUST BE IN THE PRESENCE OF THE CHRISTIAN CHEERLEADERS OF AMERICA CAMP/COMPETITION AUTHORITY AT ALL TIMES DURING EVENT. If this form is given to the participant or chaperone/coach of participant for use in obtaining medical treatment, it must be returned after use to the proper respective Christian Cheerleaders of America authority in charge.

I HEREBY GRANT PERMISSION FOR THE ABOVE NAMED PARTICIPANT, MY CHILD/CHARGE, TO BE TREATED IN CASE OF EMERGENCY ACCIDENT OR ILLNESS.

Name of Participant _____

Social Security Number _____ Date of Birth _____

Name of Emergency Contact _____ Relationship _____

Daytime Phone # (_____) _____ - _____ Evening # (_____) _____ - _____

THIS FORM DOES NOT CONSTITUTE ANY PAYMENT OBLIGATION ON THE PART OF CHRISTIAN CHEERLEADERS OF AMERICA. THE FOLLOWING IS THE PARTICIPANT'S INSURANCE/MEDICAL INFORMATION:

Medical Insurance Company _____ Policy/Group # _____

Doctor's Name _____ Doctor's Phone (_____) _____ - _____

Allergies _____

Signature of Parent/Guardian Granting Permission _____