

**EMERGENCY MEDICAL RELEASE AND
WAIVER AND RELEASE OF LIABILITY**

The undersigned, being the parent or guardian of (cheerleader's name) _____ do hereby authorize Georgia Elite All Stars, its coaches, trainers, or any member of its staff, to obtain emergency medical treatment from any physician, hospital, or other qualified medical personnel, at our facility as needed in the even of accident or injury. The undersigned further states that the above-mentioned cheerleader is in good health and is not suffering from any medical or physical, impairments, except _____. The undersigned further certifies that said cheerleader is not allergic to any medication, drugs or food, except _____.

The undersigned is fully aware of and appreciates the risks, including the risk of possible serious injury, as well as other damages and losses associated with participation in tumbling activities, cheerleading, and training. The undersigned further agrees that Georgia Elite All Stars, its officers, employees, agents, directors, coaches, trainers, or any member of its staff, including without limitation non-paid parent volunteers, shall not be liable for any losses or damages occurring as a result of the participation in tumbling activities, cheerleading, and training, except for such loss or damage that is the result of intentional or reckless conduct of one of the organizations or individuals identified above.

PARENT/GUARDIAN SIGNATURE: _____

CHEERLEADER'S NAME _____ BIRTHDATE _____ Age on Aug 31st, 2013 _____

ADDRESS _____ CITY _____

ZIP _____ SUBDIVISION _____ CHEERLEADER CELL PHONE _____

HOME PHONE _____ EMERGENCY CONTACT & PHONE _____

PARENT E-MAIL _____ CHEERLEADER E-MAIL _____

MOTHER'S NAME _____ HOME PHONE _____

MOTHER'S WORK PHONE _____ CELL PHONE _____

FATHER'S NAME _____ HOME PHONE _____

FATHER'S WORK PHONE _____ CELL PHONE _____

CURRENT SCHOOL _____ THIS FALL _____

CHEERLEADING EXPERIENCE? YES NO POSITION _____

ARE YOU TRYING OUT FOR A SCHOOL SQUAD? YES NO If yes, where _____

NAME OF PERSON REFERRING YOU TO GEORGIA ELITE: _____

In case of emergency and I(we) cannot be contacted, please contact:

Name: _____ Telephone Number: _____

Relationship to Cheerleader: _____

Insurance Carrier: _____

Insurance Carrier's Address: _____

Insurance Carrier's Telephone Number: _____

Insured's Name: _____

Group Number: _____ Insured's Number: _____

ATTACH A COPY OF YOUR INSURANCE CARD, FRONT AND BACK