



CHEERLEADING & POMS TRY-OUT PARTICIPATION/WAIVER FORM

NAME: _____

DATE of BIRTH: ____ / ____ / ____

ADDRESS: _____
STREET
CITY
ZIP

PARENT / GUARDIAN CONTACT INFO:

Name of MOTHER/Legal Guardian 1:	Name of FATHER/Legal Guardian 2:
Mobile Phone:	Mobile Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Emergency Contact Person 3:	
Mobile Phone:	
Home Phone:	
Work Phone:	

Medical insurance information is listed below:

Insurance Company:	
Policy Number:	Group Number:
Phone Number:	

As parent/guardian I agree to:

1. Allow, _____ to participate in try-outs for: (circle one) **CHEERLEADING POMS.**
2. Release and discharge Our Lady of Good Counsel High School and its employees from any liability resulting from any claims of action for personal injury or medical expenses that may result from participation in the activity noted above
3. Not hold liable Our Lady of Good Counsel High School and its employees for any injurious actions endured on the part of my son/daughter while participating in the above noted activity.
4. Release the school from any negligence liability.
5. That my child is in good health and can participate in athletic activities.

I, _____, give permission to any Our Lady of Good Counsel coaches or medical staff to allow medical attention for my child, _____, in the event of an emergency. I understand that an attempt will be made to contact me in the most expeditious manner possible. In the event I cannot be reached, the treatment necessary for the best interest of my child (above named participant) is given and that the coach/medical staff member will serve as a consenting adult.

Signature of Parent/guardian

Date