

KO Cheer

Registration and Medical Release Form

Students Name: _____

Age: _____ D.O.B: _____ Phone #:(_____) - _____ - _____

E-mail Address: _____ T-shirt size: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Phone #: (_____) - _____ - _____

Father's Name: _____ Phone #: (_____) - _____ - _____

Child's Physician: _____

Insurance Carrier: _____

Policy #: _____

Emergency Contact: _____ Phone #: (_____) - _____ - _____

Please circle which camps your child will be attending:

June 25th-29th July 9th-13th August 13th-17th

I authorize KO Cheer to consent to medical treatment for my child when I cannot be reached. I am fully aware that any activity involving motion or heights creates the possibility of injury and I further agree to hold KO Cheer and its staff harmless of any injury or resulting expenses. KO Cheer strives to provide the maximum in safety procedures and guidelines and cannot assume responsibility for any injuries or accidents that may occur.

Parent's Signature: _____

Medicines Allergic To: _____

Allergies/ Physical Limitations: _____

People who I authorize to pick up my child: _____

