



Holy Name of Jesus Cheerleading, Stunting & Tumbling Medical Release & Permission Form

Cheerleader's Name _____

Date of Birth _____ Grade 2019-2020 School Year _____

I certify that _____ is physically capable and able to fulfill the requirements as a Holy Name of Jesus Basketball Cheerleader. I understand that in cheerleading, stunting and tumbling, as in all athletic endeavors, there is a real chance of injury and/or sickness to my child. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my child in the event of illness and injury during squad/team related activities, when either parent or guardian cannot be reached. If there is any physical or medical reason why your child should not participate fully, the program requires a doctor's note. Furthermore, the Diocese of Harrisburg, Holy Name of Jesus Parish, Holy Name of Jesus School, the program, coaches, and coordinators are not liable for any injury incurred during practices, games and cheerleading related activities.

I hereby agree, on behalf of the named student as his/her other parent or legal guardians, to waive any claims for liability against the Holy Name of Jesus Cheer Program, Holy Name of Jesus Basketball Program, Holy Name of Jesus School, Holy Name of Jesus Parish, Harrisburg Diocese, or any parents, coaches, or coordinators which may arise from the participation of the named student in HNJ Basketball Cheerleading.

Parent/Guardian Signature _____

Date _____

Medical Treatment Permission Form

Home Phone:	Cell:
Parent/Guardian Name(s):	
Street:	
City, State, Zip	
Family Doctor	Doctor's Phone:
Insurance Company:	Policy Holder's Name:
Policy Number:	Group Number:

Person To Be Notified Other Than Parent Or Guardian In Case Of Emergency:

Name:	Relationship:
Home Phone:	Cell Phone:
Street Address:	
City, State, Zip:	
<p>*** If you DO NOT grant permission or authorize consent for medical treatment, what procedures should be followed? ***</p>	

Please list any medical conditions/allergies that may interfere with your cheerleader's performance:

In the event of any emergency occurring while my child is at an HNJ Basketball Cheerleading sponsored practice, game, performance, event, fundraiser, or trip; I grant permission to the program and its coaches/coordinators to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the program and/or its coaches/coordinators to give consent for my child, _____, to receive medical treatment.

Parent/Guardian Signature _____ Date _____