MEDICAL WAIVER FORM

Completely fill out ONE Waiver Form PER TEAM ENTRY!

1. List each participating member on the team.
2. Fill out completely including all insurance info. & signatures.

2A. If not totally completed, this form WILL NOT be accepted, and any member missing information cannot participate!!!

3. One Day Championships-bring form(s) to Registration
   Champion Cup Nationals- mail form(s) back to Champion with your final payment.
   - MAIL- Champion Cheer & Dance
     3200 Tanager St.
     Raleigh, NC 27606
   - FAX- 919-851-4376

IMPORTANT: Waivers can be submitted one time and will be good for all Champion events. You do NOT have to re-submit waivers for teams that compete at more than one Champion event. **Exceptions:** 1) a waiver must be submitted for any new team member that has joined the team and 2) a waiver must be re-submitted for any team members that have changed their insurance information since a previously attended event.

Team/Entry Name _____

Coaches Name(s) _____

Event(s) Attending _____

_____

Division Name _____ **Level** ____**Size** _____
(Ex: Junior 2 Small**)**

 # Of Competitors _____

I, the undersigned parent/guardian, do hereby grant permission for the participant listed below to attend and participate in any Champion Cheer & Dance, LLC event(s). I, understand that by attending and participating in these events, there is a possibility of physical illness or injury to her/him. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against the Champion Cheer & Dance, LLC directors, the owners, staff, the sponsors/venue of the event or other associated representatives for any and all damages which she/he may sustain or suffer while attending and participating in the events. Furthermore, I authorize the above directors to act for me according to their judgment, in any emergency requiring medical attention. I, understand and will be responsible for any & all medical bills that may be incurred on behalf of my daughter/son for physical illness or injury they may sustain during the event. I also understand that my daughter/son must be covered under a health insurance policy while attending any Champion Cheer & Dance event. Also, I hereby give permission for my child to be photographed, videotaped and/or audio taped to be used in print or broadcast media as deemed appropriate for promotion of any activity and for publicity surrounding participation in any of these events. I have read the above statement and agree in full to its content & hereby acknowledge that the information below is true and correct.
I certify that I have medical insurance on my child that will provide coverage while she/he participates in any of the events listed above.

(PRINT) Name of Participant	Phone Number	Birthdate (dd/mm/yy)	Insurance Company Name	Policy Number	Signature of Parent/Legal Guardian	Date Signed

If you have more than 20 members on this team, please duplicate this form as necessary.

Coach's Signature_____