



IMPACT COMPETITION

Medical Emergency Release Form

Note: Please reproduce these for each cheerleader to be signed by his/her parent or guardian and return to Impact Cheerleading/FCC. Cheerleaders WILL NOT be able to participate at Impact Competitions without returning a Medical Emergency Release Form.

School/Squad: _____ Division: _____

Name of Participant: _____

Social Security Number: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Emergency Contact: _____

City: _____ State: _____ Zip: _____

Do you have allergies? ____ Yes ____ No if yes, please list any allergic reactions and the cause:

Each participant must have personal insurance.

Medical Insurance Company _____

Policy Number _____

I hereby grant permission for my daughter/son to compete at a competition hosted by the Fellowship of Christian Cheerleaders/ Impact Cheerleading. He/she may be treated by a licensed physician, emergency treatment center, or a member of FCC' or Impacts training staff in the event of any injury, accident, illness or other mishap during the course of his/her time of participation. The undersigned applicant (parent or guardian if under 18 years of age) understand that she will be engaging in physical activity during the program that contains inherent risk of physical injury. FCC, The Board of Directors of FCC, or the competition sites will not be held liable for personal injury occurring as a result of this applicant's participation in the activities that comprise an FCC/Impact competition.

Applicant's Signature Date

Signature or Parent/Guardian Date