

Arizona Heat Elite Medical Form

Participant _____ Team or Program _____
Home Address _____ City/State/Zip _____
Home Telephone _____ Date of Birth _____
Mother's Name _____ Daytime Phone _____
Father's Name _____ Daytime Phone _____
Alternate Contact _____ Telephone # _____
Health Insurance Company _____ Policy # _____
Family Doctor _____ Telephone # _____

Have you had any serious illness, surgery, or injury? If yes, please describe and give date(s):

Have you had any medical problems or allergies that may interfere with the Arizona Heat Elite program?

Describe the problem or limitations: _____

Do you have any medication for this, with you? If yes, please describe: _____

My child can be given the following over the counter medications, (Please circle all that apply):

Advil / Tylenol / Cold-Sinus Medicine / Flu / Upset Stomach Meds / Motrin / Children's Only

List any others: _____

Medical Treatment Authorization and Liability Release

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of cheerleading and dancing. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, arising as a result of such activity from with liability could accrue to Arizona Heat Elite, it's officers, agents, employees, instructors, subsidiaries, parent corporations and all affiliated entities.

I hereby agree to release Arizona Heat Elite and hold Arizona Heat Elite harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in the program on behalf of the participant.

I am aware that this is a release of liability and acknowledgement of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and my own agree will in exchange for the privilege of participation.

If I am a minor, my parent and/or legal guardian has signed this document releasing Arizona Heat Elite from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this activity.

The above named student has my permission to attend the Arizona Heat Elite program. I warrant the above information is complete and correct. I hereby authorize the competition director or their agent to act in my behalf to provide emergency medical treatment. I further release the Arizona Heat Elite of all liabilities associated with my child's attendance at the program.

Parent Signature

Date