

Northern Kentucky Coaches' Assn. Competition

Please complete all sections below. You may not participate in the 2017-18 events without this completed form.

Participant Information

Participant's Name

Participant's School/Organization

Participant's Address

City/ State & Zip

Participant's Grade & Age

Participant's Date of Birth

Name of Participant's Parent or Legal Guardian
(_____)

Parent's/Guardian's best contact phone number

Medical & Insurance Information

Participant's Insurance Company

Participant's Insurance Company Policy Number

Participant's Physician's Name

List any medicines currently taking

Emergency Contact Number if different from daytime # Participant's Medical Allergies

Medical Treatment Authorization, Liability Release & Appearance Agreement

I, the undersigned parent or guardian, do hereby grant permission for the above named participant to attend the 2017-18 Northern Kentucky Cheerleading Coaches' Association (NKCCA) clinics, competition and events. I also authorize any necessary treatment in case of injury for my son/daughter _____ which they may sustain while participating in any NKCCA events. In case of emergency during the event, I give permission for any official to call an ambulance to transport them to the hospital for further treatment if it is deemed necessary. The NKCCA & its' affiliated agencies reserve this right with the parent assuming full responsibility. I will hold the NKCCA, and all those associated with their events harmless in execution of this authority.

I further release the NKCCA and its representatives from any claims for injury or illness that may be sustained as a result of participation in NKCCA events. I acknowledge and understand that in participating in this event, there is a possibility that a participant's actions may result in injury or illness. I certify that my daughter/son is physically fit to perform and I assume all risks involved in their participation. I understand all medical bills are the responsibility of the participant or their legal guardian. Any other damages, such as lost or stolen items are also not the responsibility of the NKCCA or its representatives. I understand that as a participant I will be included in videotapes and photographs taken events. I hereby grant the NKCCA and its affiliates the permission to be included in any of these promotional products without reservations or limitations.

I have read the above statement and agree in full to its content

Participant's Signature

Participant's Parent or Guardian's Signature Date

Participant's Printed Name

Participant's Parent or Guardian's Printed Name