

# Northern Kentucky Cheer/Dance Coaches' Assn.

Please complete all sections below. You may not participate in the 2019-20 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 2019-20 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