



Quinnipiac University's 6th Annual All Star Challenge

2010 MEDICAL/LIABILITY RELEASE FORM

Each participant must fill out this form and it must be submitted at the time of registration.

I, _____, the undersigned parent/guardian, do hereby grant permission for my daughter/son _____, to participate in Quinnipiac University's 6th Annual All Star Challenge, held at Quinnipiac University on Sunday, February 28th, 2010. I realize that such activity involves the potential for injury that is inherent in all sports activities. I agree to hold harmless the Quinnipiac Competitive Cheer Team, the event directors, staff & coaches, Quinnipiac University and its representatives for any injury as a result of my child's participation in this event.

Parent/Guardian Signature: _____ Date: _____

Please complete the following information:

Cheerleader's Name: _____

Team Name: _____

Cheerleader's Date of Birth: _____

Parent/Guardian's Name: _____ Phone: _____

Address: _____

Medical Information:

Doctor's Name: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Does your child have any medical conditions &/or allergies we should be aware of? If so, please list:

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____