



# Kansas Spirit Express '06

## Medical Release Form

Please fill out ALL sections below and return to the registration table prior to the competition. This form must be turned in and completed by every participant in order to compete. Please make copies and pass out to your athletes.

### PARTICIPANT INFORMATION:

Participant's Name \_\_\_\_\_ School/ Club Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_ Emergency Phone \_\_\_\_\_

### MEDICAL INFORMATION:

Medications Currently Taking (if any) \_\_\_\_\_

Allergies or other conditions we may need to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INSURANCE INFORMATION:

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Provider Address \_\_\_\_\_

\_\_\_\_\_

### MEDICAL WAIVER COMPLIANCE:

I, \_\_\_\_\_ (parent of athlete) understand that I and my athlete must be in compliance with all Spirit of Kansas regulations in order to participate in the Spirit Express competition. I also, understand that any violation of this agreement may result in removal and/ or disqualification of the team(s) or the individuals directly involved. I agree that the information on this form is truthful and accurate to the best of my knowledge. I also release Spirit of Kansas to authorize any medical attention needed in the event my child is injured during this event. If my child is injured due to their own intentions, I release Spirit of Kansas of any liability. This would include, but not limited to any injuries involved with cheerleading or dance. I understand the risk involved with cheer and dance and trust that my child's coaches have fully prepared my child, and that my child will not be performing skills that would put them at any major risk.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_