

MEDICAL INFORMATION AND RELEASE:

NAME OF CHEERLEADER/ATHLETE: _____

Primary Doctor's Name: _____ Phone: _____

Preferred Hospital: _____

Medical/Health Insurance Information:

Name of Policy Holder: _____

Employer: _____

Name of Insurance Provider: _____

Insurance Address: _____

Member ID#: _____ Group ID# _____

List all current medications:

List all allergies:

List all medical conditions and/or injuries that may limit or prohibit participation in any PCA activity:

Date of last Tetanus Booster: _____

Date of last Physical: _____

In case of emergency, I hereby authorize my child _____ to be treated by a qualified physician and/or taken to the hospital. I certify that my child is fully covered by the insurance policy listed above, and I agree to bear the costs of any injury to my child sustained as a result of any activity through PortCity Athletics.

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____