



VICTORY
CHRISTIAN
SCHOOLS

VCS VIKINGS CHEER CLINIC - WAIVER FORM

Student Athlete's Name _____ Home Phone _____

Email Address _____

Mailing Address _____

Medical Insurance Co. _____ ID# _____

Medical condition(s) we should be aware of _____

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Emergency Contact _____ Phone _____

Relationship to Athlete _____

Medical Treatment, Authorization & Liability Release

I, the undersigned parent or guardian, do hereby grant permission for the above named participant to attend the above listed Victory Christian Schools (VCS) Cheerleading Clinic. I also authorize any necessary treatment by a qualified physician for my daughter/son _____, which they may sustain while at the camp. In case of emergency during the clinic, I would like them taken to the hospital for medical treatment and hold VCS Cheerleading and its representatives harmless in their execution of this authority.

I further release VCS Cheerleading and its representatives from any claims for injury or illness that may be sustained as a result of their participation in this camp. I acknowledge and understand that in participating in this clinic, there is a possibility they may sustain illness or injury in connection with her/his participation. I further release the clinic location, VCS Cheerleading, as well as its representatives from any claims for personal injury or illness that they may sustain during the camp, including without limitation any injuries resulting from negligence.

I understand and will be responsible for any medical bills that may be incurred on behalf of my daughter/son for physical illness or injury they may sustain during the clinic. VCS Cheerleading reserves the right to send any participant to a hospital for diagnosis and treatment, the parent assuming full responsibility.

I give VCS Cheerleading permission to film, photograph, or videotape my daughter/son or me (advisor/coach/director/parent) for any reproductions connected with VCS Cheerleading; in particular, reproduction for use in any form of advertisement for VCS Cheerleading promotional purposes. VCS Cheerleading may use such reproductions in any manner without further compensation to me (advisor/coach/director/parent) or my daughter/son. I have read the above statement and agree in full to its content.

Parent/Guardian Signature _____ Date _____