

**Please take the time to LEGIBLY write the information needed on this form.
This information will be used in an emergency situation.**

Emergency Data
Participants Name _____ **Parent's Name** _____
(If still a Minor)

Address _____ **Home Ph:** _____ **Cell Ph:** _____

E-Mail Address: _____

Medical/Accident Insurance - This is a requirement to participate in U.S. Spiritleaders Events. Indicate the company and policy number .

Insurance Carrier _____ **Policy Number** _____

Medication
List Current Medication _____ **Dosage** _____

Known Medication And Allergic Re-Actions _____

Physician's Name _____ **Phone** _____

Emergency Contact And Release List - List of people to contact if the participant's parent/guardian cannot be contacted and also to whom the participant may be released to in case of an emergency.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Treatment Release
I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent/guardian can be reached and will assume all financial responsibility for such treatment. I acknowledge that the above mentioned participant must have his/her own Medical/Accident Insurance. I understand that cheerleading and dance competitions have an inherent danger in participation, and that in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in a U.S. Spiritleaders event at their own risk and will not hold U.S. Spiritleaders, the event site, or any of their employees liable for any and all injuries that may occur while participating in a U.S. Spiritleaders event. Medical Trainers will immediately call 911 if they feel they cannot treat the injured participant. There will be no deliberation with injured the participant, parent, advisor, coach, or program director. Advisors, coaches, and assigned U.S. Spiritleaders personel are allowed to take injured attendees to obtain off site emergency care.

Publicity Release
The undersigned does hereby grant this event, doing business in the state of California as U.S. Spiritleaders, and it's successors and assigns (U.S. Spiritleaders), the unrestricted right to use the undersigned's name, likeness, or appearance on any Cheerleading/Dance advertising or marketing pieces such as but limited to: competition posters, calendars, film material, photographs, video material, computer software/hardware, electronic on-line services, or other similar promotional material in any form, content or medium in order to promote or market events sponsored by U.S. Spiritleaders.
The undersigned does hereby expressly release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and his/her agents, representatives or assigns, may have based on claims of the undersigned as to rights of privacy, publicity, notoriety or any other rights arising out of or relation to any use by U.S. Spiritleaders of the undersigned's name, likeness, or appearance.

Pre-existing Injuries
I understand I must list all previous and current injuries that may occur again by participating, teaching, demonstrating, or performing as a U.S. Spiritleaders instructor. Failure to do so may result in my termination as a staff member. I also understand that if I fail to disclose any such previous or current injury U.S. Spiritleaders is not liable for any medical deductible or financial care if the injury re-occurs while participating, teaching, demonstrating, or performing as a U.S. Spiritleaders instructor.
Please list any previous or current injuries: _____
(Please be specific as to the nature and cause of said injuries and what type of care is needed.)

Participant's Signature _____ **Date** _____ **Parent's Signature** _____ **Date** _____