



CHEER LEGACY ALLSTARS

EMERGENCY CONTACT & MEDICAL HISTORY FORM



Participants Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Cell Phone _____ Cell Phone _____
(Parent/Guardian) (Parent/Guardian) (Cheerleader)

Email Address: _____

Birth Date _____ Age _____ Grade _____
(As of September 2020)

In Case of an Emergency:	
CONTACT NAME _____	
Relationship to Cheerleader _____	Phone Number _____

Medications _____

Allergies _____

*****If Your child suffers from Asthma please make sure the coaches have access to their inhaler and indicate the procedure for use*****

Asthma _____ **Inhaler** _____ **What Type of Inhaler** _____

Who Has Inhaler _____ **Directions of Use** _____

Health Issues: _____

Restrictions: _____

For the protection of your child's health and safety, you should not register for any sport or activity if you were treated for or are now afflicted with any one of the following (Doctors approval may be required if necessary, but not limited to said health issues): Heart Disease, Heart Murmur, Lung Disease, such as asthma or recurring bronchitis, Kidney Disease, Hernia (rupture) which was not repaired, broken bones now being treated, Epileptic Seizures (fits) even if now controlled by medication, high blood pressure, loss of consciousness, for any reason and rheumatic fever. I certify that my child is physically able to compete without any restriction and does not have any of the above conditions. If in doubt, consult your personal physician for their recommendations before approving and consenting to the child's participation. *Must be signed before child can participate.

Parent Signature

Date