



# EMERGENCY CONTACT FORM

Cheerleader's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Team \_\_\_\_\_ Coach \_\_\_\_\_

## **Parent/Guardian #1**

Name \_\_\_\_\_ Cell \_\_\_\_\_

Relation to Cheerleader \_\_\_\_\_

Email \_\_\_\_\_

## **Parent/Guardian #2**

Name \_\_\_\_\_ Cell \_\_\_\_\_

Relation to Cheerleader \_\_\_\_\_

Email \_\_\_\_\_

## **Emergency Contact and Medical Information**

Name \_\_\_\_\_ Cell \_\_\_\_\_

Relation to Cheerleader \_\_\_\_\_

Cheerleader may never be released to \_\_\_\_\_

**Please list any medical issues/concerns/allergies:**

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

**Medications** \_\_\_\_\_

If emergency treatment is required, may Cheer Passion Allstars use their judgment in securing services of the medical professionals most accessible, provided none of the above people can be reached? YES \_\_\_\_\_ NO \_\_\_\_\_

Ambulance cost is your responsibility. Parent/Guardian must be at the hospital to ensure proper medical treatment.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_