



Emergency Medical Information

Participants' Name: _____ Birth Date: _____

Participants' Address: _____

Participants' City/State/Zip: _____

Participants' Phone: Home: _____ Cell: _____ Other: _____

Participants' Email: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: Home: _____ Cell: _____ Other: _____

Parent/Guardian Email: _____

Person to be notified other than parent/guardian in an emergency

Name: _____ Relationship to Participant: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Medical Information

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy/Kaiser#: _____

Heart Condition: yes no Asthma: yes no Diabetes: yes no Allergies: yes no Convulsions: yes no

Allergic to: _____

Medications currently taking: _____

Any pre-existing injuries: _____

Additional medical information that may be helpful: _____

I certify that my son/daughter is mentally and physically capable and able to fulfill the requirements to participate in any class, performance, practice, trip, and/or event sponsored by Cheergyms.com, Inc. and its affiliates. In the event of an emergency occurring while my son/daughter is at Cheergyms.com, Inc. and/or its affiliates sponsored class, performance, practice, trip, and/or event, I grant permission to Cheergyms.com, Inc., its affiliates and employees to take whatever action necessary.

_____ **Parents/Guardian Initials.**

In the event that I cannot be reached, I hereby authorize Cheergyms.com, Inc., its affiliates and employees to give consent for my son/daughter to receive medical treatment. _____ **Parents/Guardian Initials.**

Parent/Guardian Signature: _____ **Date:** _____

Participants' Signature: _____ **Date:** _____

Make sure you have the Cheergyms.com Liability Release Form that MUST accompany this form!

Office Use Only: (Check all the apply)

____ Pyramids Cheer Gym ____ Motions Cheer Gym ____ Classes ____ Privates ____ The Club! ____ All-Stars ____ Gym Rental

____ Spirit Spectacular: ____ Camps/Clinics ____ Choreography ____ Other: _____

____ Medical Information Form Received ____ Liability Form Received ____ Entered on Computer ____ Entered on Mailing List

Date Membership Paid: ____ All-Star ____ The Club! ____ Classes/Privates ____ Other _____

Employee who filled out this box: _____