

**CHEERGYMS.COM, INC. SPIRIT SPECTACULAR Competition Series**  
**EMERGENCY MEDICAL INFORMATION**

\_\_\_ Youth Only Comp. in Brentwood Sunday, Oct 21, '07 \_\_\_ Championships in Sacramento Saturday, Feb. 2, '08 (Youth, High School & All-Star) \_\_\_ High School Only in Cupertino Saturday, Feb. 9, '08

**ORGANIZATION'S NAME:** \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_ CITY/ST. \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_ SS# \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

I CERTIFY THAT MY SON/DAUGHTER IS MENTALLY AND PHYSICALLY CAPABLE AND ABLE TO FULFILL THE REQUIREMENTS TO PARTICIPATE IN ANY CLASS, PERFORMANCE, TRIP AND/OR EVENT SPONSORED BY **CHEERGYMS.COM, INC.** AND IT'S AFFILIATES IN THE EVENT OF AN EMERGENCY OCCURRING WHILE MY SON/DAUGHTER IS AT **CHEERGYMS.COM, INC.** SPONSORED CLASS, PERFORMANCE, TRIP AND/OR EVENT, I GRANT PERMISSION TO **CHEERGYMS.COM, INC.** AND IT'S EMPLOYEES TO TAKE WHATEVER ACTION NECESSARY.

\_\_\_\_\_ **Parent initial**

IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY AUTHORIZE **CHEERGYMS.COM, INC.** AND IT'S EMPLOYEES TO GIVE CONSENT FOR MY SON/DAUGHTER TO RECEIVE MEDICAL TREATMENT.

\_\_\_\_\_ **Parent initial**

MOTHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ SS# \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_ CITY/ST. \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ST. \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ SS# \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_ CITY/ST. \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ST. \_\_\_\_\_ ZIP \_\_\_\_\_

**PERSON TO BE NOTIFIED OTHER THAN PARENT OR GUARDIAN IN AN EMERGENCY**

NAME \_\_\_\_\_ HM PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_ KAISER# \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_

**MEDICAL INFORMATION**

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

ALLERGIC TO \_\_\_\_\_

MEDICATION CURRENTLY TAKING \_\_\_\_\_

ADDITIONAL MEDICAL INFORMATION THAT MAY BE HELPFUL \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

**DATE**

2060 Commerce Ave., Concord, CA 94520 Phone: 866-685-7615 Fax 925-685-8899 [www.cheergyms.com](http://www.cheergyms.com)

**Make sure you have the completed Release Agreement that must accompany this form.**