

MUSTANG POWER CHEER CAMP MEDICAL INFORMATION/WAIVER FORM

IMPORTANT: In order to check in at camp, each participant must bring this completed form to the registration table. The completed form must be signed by a parent or guardian. DO NOT MAIL THIS FORM. PARTICIPANTS WILL NOT BE ADMITTED WITHOUT THIS SIGNED FORM.

NAME: \_\_\_\_\_ Parent/Guardian PHONE #: \_\_\_\_\_

SCHOOL or  
TEAM: \_\_\_\_\_ PHONE#: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

BLUE CROSS #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

I, the undersigned parent or guardian do hereby grant permission for my son/daughter \_\_\_\_\_ to attend the Mustang Power Cheer /PCA Camp. I acknowledge, under-stand and agree that in participating at the camp there is a possibility of physical injury/illness (both acute and permanent) and that my son/daughter is assuming risk of such injury/illness by his/her participation. I assume full responsibility for my son/daughter's participation.

In order that my son/daughter may receive the necessary medical treatment in the event of injury or illness, I hereby authorize the Mustang Power Cheer /PCA camp director and/or the staff to seek medical treatment for my son/daughter for such illness or injury sustained during the camp. Furthermore, Mustang Power Cheer Camp, PCA, the camp director or staff and the host University or College will not be held responsible for any injury or illness incurred while my son/daughter is at the camp.

Parent/Guardian\* Name (Please Print): \_\_\_\_\_

\* Participants 18 yrs of age at time of camp may sign for self.

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

Please check any known medical conditions that the staff should be aware of:

Allergies: Bee stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Food \_\_\_\_\_ Specify: \_\_\_\_\_

Any Orthopedic Conditions that will limit safe participation in any activity:  
(be specific): \_\_\_\_\_

Do you wear contact lenses \_\_\_\_\_ Do you have asthma \_\_\_\_\_ Are you diabetic \_\_\_\_\_  
Other (be specific): \_\_\_\_\_

DO NOT MAIL THIS FORM. BRING IT WITH YOU TO CAMP.  
YOU WILL NOT BE PERMITTED TO REGISTER WITHOUT THIS COMPLETED FORM.