



Medical Release Form

Prior to involvement in any activities with Royal Cheer Academy, a Medical Release Form must be on file with our staff that releases your child to participate with us.

Participant's Name _____

Home Address _____

Home Phone _____

Cell _____

Date of Birth _____

School _____

Mother's Name _____

Work Phone _____

Cell Phone _____

Father's Name _____

Work Phone _____

Cell Phone _____

Emergency Contact _____

Phone _____

Health Insurance Provider _____

Physician _____

Phone _____

Do you have any medical conditions or allergies that would interfere with your participation?

Parent Consent: I/We authorize the Royal Cheer Academy LLC staff to seek proper medical attention to our child if at any time we are unable to be reached. I/We authorize the above hospital and doctor to treat our child if need be. I/We authorize payment for treatment, through our insurance or personally. I/We understand the danger involved in the sport of cheerleading and our child has been cleared to participate,

In the event a parent cannot be contacted, RCA has full authority to seek proper medical attention.

Mother's Signature _____

Date _____

Father's Signature _____

Date _____