

Northern Kentucky Coaches' Assn. Competition

Please complete all sections below. You may not participate in the 2010 event without this completed form. .

Participant Information

Participant's Name

Participant's School / or Gym Name

Participant's Home Address

Participant's Grade

Participant's Parent or Legal Guardian

Participant's Date of Birth

Participant's City / State / Zip Code

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Parent's/Guardian's daytime phone number

Medical & Insurance Information

Participant's Insurance Company

Participant's Insurance Company Policy Number

Participant's Physician's Name

List any medicines currently taking

Emergency Contact Number if different from daytime #

Participant's Medical Allergies

Medical Treatment Authorization, Liability Release & Appearance Agreement

I, the undersigned parent or guardian, do hereby grant permission for the above named participant to attend the Northern Kentucky Cheerleading Coaches' Association (NKCCA) competition on Sunday, February 7, 2010 at the Bank of Kentucky Center on the campus of Northern Kentucky University. I also authorize any necessary treatment in case of injury for my son/daughter _____ which they may sustain while at the competition. In case of emergency during the event, I give permission for any competition official to call an ambulance to transport them to the hospital for further treatment if it is deemed necessary. NKCCA reserves this right with the parent assuming full responsibility. I will hold the Association, and all those associated with the competition, harmless in execution of this authority.

I further release NKCCA and its representatives from any claims for injury or illness that may be sustained as a result of participation in this event. I acknowledge and understand that in participating in this event, there is a possibility that a participant's actions may result in injury or illness. I certify that my daughter/son is physically fit to perform and I assume all risks involved in their participation. I further release the NKCCA; it's representatives, the Bank of Kentucky Center and Northern Kentucky University from any claims for personal injury and damage that may occur during the event. I understand all medical bills are the responsibility of the participant or their legal guardian. Any other damages, such as lost or stolen items are also not the responsibility of the NKCCA its representatives or the Bank of Kentucky Center and Northern Kentucky University.

I understand that as a participant I will be included in videotapes and photographs taken during this event. I hereby grant NKCCA and its affiliates the permission to be included in any of these promotional products without reservations or limitations.

I have read the above statement and agree in full to it's content

Participant's Signature

Participant's Parent or Guardian's Signature

Date