

Iowa All-Star Cheerleading

Cheerleader Information Form

PLEASE PRINT

Cheerleader's Name _____

Address _____ City _____ Zip _____

E-mail address _____ Cell Number _____

Home Phone _____

School Name _____ Current Grade Level _____

Coaches Name _____ Cell Number _____

Home phone _____

Varsity Sport(s) for which he/she cheers _____

T-shirt size _____ Shorts size _____

Parental Consent Form

I (We) the undersigned parent(s)/guardian(s), do hereby grant permission for my above named son/daughter, to participate in the Iowa All-Star Cheerleading Program.

I (We) acknowledge and understand the following:

- A. That while participating in this event there is a possibility of illness or injury to my son/daughter. I (We) further acknowledge that my son/daughter is assuming the risk of such physical illness and/or injury by his/her participation. I (We) further release ICCA/IHSAA, as well as its representatives, from any claims for personal illness and/or injury that my son/daughter may sustain as a result of his/her participation.
- B. In order that my son/daughter may receive emergency medical treatment in the event of illness or injury during this event, I (We) hereby authorize the ICCA representatives to obtain medical treatment for my son/daughter for such illness or injury. I (We) hereby hold the ICCA/IHSAA and its representatives harmless in the exercise of this authority. I (We) agree to be responsible for any and all medical bills that may be incurred on behalf of my son/daughter as a result of his/her participation in this event.
- C. The ICCA and the IHSAA have established rules and regulations regarding conduct, safety, and sportsmanship by which my son/daughter must abide, and that my son/daughter and I (We) will be responsible for his/her failure to abide by those rules and regulations.

I (We) have read and understand A, B, and C above and give my child permission to participate.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date