

FLYER FROST CLASSIC | LAKE HIGH SCHOOL CHEER
COMPETITION
MEDICAL TREATMENT AND LIABILITY RELEASE FORM

Participant's Name

Street Address

City, State, Zip Code

Name of Parent/Legal Guardian

Emergency Contact Phone Number

School Name

I, _____, as parent or legal guardian of _____, hereby grant permission for my son/daughter to participate in the Flyer Frost Classic cheerleading competition at Lake High School. I further agree to release and hold harmless Lake Local School District from any and all liability. In order that my son/daughter may receive the necessary medical treatment in the event that he/she may sustain injury or illness during participation in this competition, I hereby authorize the cheer coach or other supervising adult to obtain medical treatment for my son/daughter. I understand that this activity will involve risk to my child. I also understand that the Flyer Frost Classic will enforce the safety guidelines as set forth in the NFHS and AACCA rule book. It is the coach's responsibility to know and inform their squad of these rules by which my daughter/son must abide during participation in this activity, and that my daughter/son and I will be responsible for her/his failure to abide by those rules and regulations.

Signature of Parent/Guardian

Date

Signature of Participant

Date