

MTHS Snow Bowl Competition

Sunday, December 11, 2016
Monroe Township High School, Monroe Township, NJ

Medical Consent and Waiver Form

Team : _____

Cheerleader's Name: _____

Parent/ Guardian: _____

Home Address: _____

Home Phone: _____

Parent Cell Phone: _____

Parent Work Phone: _____

Insurance Company: _____

Policy Number: _____

In an emergency contact: _____

Emergency Phone Number: _____

I, _____ give my child _____, permission to participate in the MTHS Snow Bowl Competition and to compete on a spring floor. I am aware of the obvious risks in the sport of cheerleading. I realize that all necessary precautions will be taken. I give my consent that if an accident should occur, my child will be taken to a medical facility and treated if necessary. Monroe Township BOE, Monroe Township High School, the MTHS Falcons Cheerleading Program, its coaches, parents, and staff are not liable for any injuries sustained at or during the competition.

X

Parent Signature