



Livermore Bulls Cheer Medical Release

I hereby give my permission for any and all medical attention necessary to be administered to my child, in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment and for any emergency transportation that may be deemed necessary. I request that in my absence the above player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named person.

CHEERLEADERS NAME: _____

Parent/guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cellphone: (_____) _____ 2nd Phone: (_____) _____

Name of Insurance Company: _____

Policy Number: _____

In case I cannot be reached, any of the following people is designated to act on my behalf:

- Coach
- A Livermore Bulls Board Member
- Any league representative where my child is participating

Child's physicians name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____

KNOWN ALLERGIES: _____

Emergency Contact person other than person listed above:

Name: _____ Phone: (_____) _____

Signature of parent/guardian: _____