

2021 Universal Waiver
WSCCA and Junior State Championships
Junior High, Middle school, and REC

Medical Release & Appearance Form

Required for Rec teams

PLEASE PRINT CLEARLY

Participants Name	Participants Birthdate
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School/Team Name	Cheer Coach Name
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Parent or Legal Guardian Name	

Undersigned parent or legal guardian,
I do hereby grant permission for my son/daughter to participate in the 2021 WSCCA and Junior State Championship. I further acknowledge and understand and agree that by participating in this tournament there is a possibility of physical illness (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of injury by participating. I authorize any representative of the WSCCA or the event party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter, which may become necessary. I understand I will be notified as soon as possible in the event of an emergency. I understand and agree that all expenses of such treatment are my responsibility. I agree to protect, defend and hold harmless the WSCCA including its staff, employees, and sponsor from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorney fees, arising from any injury to or death of son/daughter's participation.

Rules/Regulation

- No Smoking, alcohol consumption or use of illegal drugs.
- The WSCCA reserves the right to discipline any participant for unruly behavior or for conduct unbecoming to the event.
- Participants must respect all venue, campus and facility rules and regulations.
- Participants must obey all rules and regulations set forth by the event.

I have completely read and understand the above release and rules/regulations.

Signature of Participant	Date
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Signature of Parent or Legal Guardian	Date
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Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone _____

Email Address: _____

Medical Insurance Company/Policy: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____