



Evolution Training Center, LLC / Evolution All Stars, Inc.

Medical Treatment Authorization and Liability Release

360 Milltown Road, Bridgewater, NJ 08807 1-908-450-0384 www.TheEvolutionGym.com

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, _____, to participate in the activity of cheerleading and tumbling gymnastics at Evolution Training Center, LLC (ETC) / Evolution All Stars, Inc. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervisor to obtain medical treatment for my daughter/son for any such injury or illness during the activity. I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with her or his participation. I further acknowledge and understand that my daughter/son is assuming the risk of such illness or injury through her/his participation, and I further release Evolution Training Center, LLC, and its staff, agents, employees and representatives and Evolution All Stars, Inc. from any and all claims for personal illness or injury that my daughter/son may sustain during participation in said activities. I further understand that Evolution Training Center, LLC and Evolution All Stars, Inc. has established rules and regulations pertaining to conduct, behavior and activities of all students and cheerleading participants, by which my daughter/son must abide during participation in said activities, and that my daughter/son and I will be responsible for her/his failure to abide by those rules and regulations. I further grant permission to ETC and EAS to photograph my daughter/son during the aforementioned activities for use in publications and advertisements to promote ETC, EAS and affiliated companies.

ACTIVITY DESCRIPTION: **CHEERLEADING AND TUMBLING ATHLETICS** including but not limited to tumbling, stunting, jumping, cheerleading, dancing, conditioning and related exercises/ physical activities. Instruction can be done in a camp, clinic, class or team practice setting. This Authorization also releases ETC and EAS along with any school facility that may be rented for the annual cheerleading competition.

This release is in effect from the date this is signed. This form must be kept current and it is the participant's parent's or guardian's responsibility to notify ETC, and EAS in writing, with any proposed changes. DATE: _____

Participants Name: _____ Grade: _____ Age: _____ Birth Date: _____

Phone: _____ Address _____

City: _____ Zip Code _____ : _____ Parent Cell Phone: _____

Parents' Names: Mother _____ Work # _____

Father _____ Work # _____

Parent E-Mail Addresses: 1) _____ 2) _____

Student E-mail Address: _____

Please List any Custody Restrictions: _____

MEDICAL INFORMATION STATEMENT

My daughter/son is in good physical condition and currently is under no restrictions with regard to physical activity. If my child is in need of Medical attention, and I can not be reached immediately, I grant permission for my child to receive the necessary medical attention by a health care provider selected by ETC.

EXISTING MEDICAL CONDITION(S): _____

MEDICATION(S): _____ ALLERGIES _____

MEDICAL INSURANCE COMPANY: _____ POLICY #: _____

DOCTOR'S NAME: _____ PHONE: _____ PREFERRED HOSPITAL: _____

EMERGENCY CONTACT NAME (NOT SELF): _____ PHONE: _____

I/we have read and fully understand all of the above information and attest that given medical information is correct.

PARENT/ LEGAL GUARDIAN SIGNATURE

DATE

PARTICIPANT'S SIGNATURE

DATE

