

Youth Cheerleading Travel Permission & Waiver

Participant Information

Participant Name

Date of Birth

Team Name

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Emergency Contact Name

Emergency Contact Number

Trip/Event Information

Event Name

Event Date(s)

Event Location

Medical Information

List any allergies, medical conditions, or medications

I, the undersigned parent/legal guardian, grant permission for the above-named participant to travel with the youth cheerleading team and attend the event specified above. I certify that my child is physically fit to participate and I acknowledge and accept all risks associated with travel and participation. In case of a medical emergency, I authorize the team staff to obtain necessary medical treatment for my child.

By signing below, I release and hold harmless the organization, staff, and volunteers from all liabilities or claims arising from participation and travel related to the event.

Parent/Guardian Signature

Date
