

**CB East Patriots Cheerleading Competition**  
**Medical Release Form**

*Permission and Medical Release Form*

The undersigned releases from any liability the CB East Cheerleaders, CB East Parents Club, CB East High School, Central Bucks School District, the coaches and directors or any other volunteers of the CB East Cheerleaders from any expense, charges, other costs or claims for damage or injury because of his/her participation in the CB East Patriots Cheerleading Competition. I hereby give my consent for the below named cheerleader to represent his/her school in the CB East Patriots Cheerleading Competition. I also give consent and authorize the Central Bucks School District or its representative to obtain, through a physician of its choice, such medical attention as is reasonably necessary for the welfare of the cheerleader, if he/she is injured or becomes ill while participating at the CB East Patriots Cheerleading Competition. I understand that the CB East Cheerleaders, CB East Parents Club, CB East High School, Central Bucks School District, the coaches and directors or any other volunteers of the CB East Cheerleaders are not legally responsible for any injury or treatment that may occur.

Name of Cheerleader \_\_\_\_\_

Parental/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Insurance Carrier Phone Number \_\_\_\_\_

Group and/or Policy Number \_\_\_\_\_

Medications (if any): \_\_\_\_\_

Allergic to (if any): \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Phone \_\_\_\_\_

This form MUST be completed and signed prior to the competition in order for the cheerleader to participate in the competition.

**If we do not have a completed and signed form for each cheerleader, he/she will not be permitted to compete.**

~~This form can be mailed to:~~

~~CB East High School  
Attn: Cheerleading  
2804 Holicong Road  
Doylestown, PA 18902~~

FEBRUARY 5, 2012