

**Cheerleader Emergency Data Sheet**  
**PLEASE PRINT CAREFULLY. THIS FORM IS USED FOR EMERGENCIES.**

Cheerleader Name: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cheerleader Cell # \_\_\_\_\_ Email \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Dad's Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #'s of Contact: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insured: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_ Contract # \_\_\_\_\_ Group # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Pre-existing Medical conditions such as allergies or chronic illnesses: \_\_\_\_\_

Please initial the following over the counter medications that may be given to your child if you are not present:

Ibuprofen\_\_\_\_, Acetaminophen\_\_\_\_, Aspirin\_\_\_\_, Tums\_\_\_\_, Pepto Bismal\_\_\_\_,  
Topical pain ointment\_\_\_\_ Other\_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to participate in the Catholic High School Cheerleading Program for the 2007-2008 season. Further, I authorize the school/coaching staff to provide emergency treatment of an injury to or illness of my child if qualified personnel consider treatment necessary and to perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

My child and I are aware that participating in the Catholic High School Cheerleading Program is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_