



Medical Waiver/Consent to Treat Form
 NOTE: YOUR PHYSICIAN'S SIGNATURE IS NOT REQUIRED

**Bring To Your Camp
DO NOT MAIL**

Participant Name _____ Age ____ Date-of-Birth _____

Team/Group/Squad (If applicable) _____

Home Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Any history of serious illness or injury with dates of occurrence: _____

Any surgery with dates of occurrence: _____

Allergies: _____

Medications currently being taken: _____

Date of last tetanus: ____/____/____

Do you wear contact lenses? _____

Name of physician: _____ Physician's phone _____

Parent/Guardian consent for medical treatment
 I/we hereby authorize any medical treatment for my child which may be advised or recommended by the physicians of the local clinic or hospital. I also understand that my son/daughter must be covered under a health insurance policy while attending any Edge Cheer & Dance camp, clinic or event. If I cannot provide a personal policy I realize I must purchase the coverage from Edge Cheer and Dance.

Health Insurance Provider

Policy Number _____

School Insurance? Yes No

_____(Initials)

Liability Release:

I, the undersigned parent or guardian, do hereby grant permission to my son/daughter to participate in this Edge Cheer & Dance camp, clinic or event. I also understand that in participating that my son/daughter may sustain physical illness or injury (minimal, serious, or catastrophic) in connection with his or her participation. I further acknowledge and understand that my son/daughter is assuming the risk of such illness or injury by his/her participation, and I further release Edge Cheer and Dance as well as its representatives, from any claims for personal illness or injury that my son/daughter may sustain during this Edge Cheer & Dance camp, clinic or event. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during this Edge Cheer & Dance camp, clinic or event, and I have been advised prior to the signing of this form that I may elect to purchase a separate policy of insurance as specified above to cover such risks.

Signature of Parent/Guardian _____ Date _____

Failure to complete and sign this form and provide adequate evidence of insurance coverage will prohibit your child from participating in camp. **Please duplicate form for all participants*