

Emergency Contact

1. Cheerleader Name _____
 2. Emergency Contact _____
 3. Emergency Contact Phone # _____
 4. If you are unable to be reached who else can we call?
Name _____
Phone _____
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Waiver

I understand that by taking part in the Mercyhurst Prep High School Stunt Camp there is a possibility of injury or sickness to my daughter/son. I grant permission to the hospital staff members to administer immediate treatment to my child if he/she should be injured. I fully understand that I am responsible for payment of expenses incurred for the treatment of my child.

I also agree that Mercyhurst Prep High School, nor its staff, will be liable for any injury incurred as a result of my son's/daughter's participation in the clinic.

Allergies or medications? _____

Parent/Guardian Signature _____
Parent Name (please print) _____