HEALTH INFORMATION/ACTIVITY AGREEMENT

Sponsors/Coaches

Make a copy of this form for all participants to be read and signed by students and their parents. Collect all the forms from all the participants and present them at the ASC registration table, prior to the competition. Please do not mail these to the ASC headquarters.

Parents and Participants:

This completed form is MANDATORY for participation at an ASC event. Please read it carefully and sign where indicated.

Name: _____School:_____
Address: _____ City: _____State:_____
In case of an emergency notify: _____Phone:( ) _____
Or notify: _____ Phone:( ) _____

VIGOROUS ACTIVITY: The events you will be participating in will involve vigorous athletic activity and may include stunts, mounts, tumbling, jumps, and dance. Due to the nature of the activity, we wish to inform you that the risk of injury does exist as with any athletic activity.

PARTICIPANT REPRESENTATION: I agree to cooperate with all ASC staff and officials and will follow instructions and rules in accordance with their directions. I understand that failure to obey the rules of the event and/or instructions of the staff may result in my dismissal and discharge from the competition without reimbursement of fees. As a participant I understand that I am free to withdraw my participation at any time upon my request and at my own free will without any coercion, duress, or intimidation of any sort.

Participant Signature_____Date:_____

PARENTAL CONSENT: I/We authorize the ASC staff and officials to seek treatment for any injury or illness to our child, while a participant, and authorize the physician and/or hospital near the clinic site to perform treatment to any injury or illness to my/our child. I/We authorize payment for treatment, either personally or through our family insurance. I/We have read the information about the risk of vigorous athletic activity. The participant is in good health and physically capable of participating in the competition.

Parent/Guardian Signature: _____Date:_____
Name of Health Insurance Carrier:_____
Insurance Policy Number:_____