

North American Spirit

(to be completed by any participant, guest, or coach under the age of 18)

(586) 281-3372

(586) 281-3373 fax

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www.northamericanspirit.com

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter, and hereinafter referred to as "participant" to participate in any North American Spirit LLC event. In order that the participant may receive the necessary medical treatment in the event of injury or illness, I hereby hold the event's staff and representatives harmless in the exercise of this authority. I further acknowledge and understand that certain cheerleading activities have inherent risks and that cheerleading activity can be dangerous, especially if the participant fails to follow established guidelines "including but not limited to no jewelry or body piercings". I further agree to hold harmless North American Spirit LLC including its members, directors, contractors, and staff for any injury or illness incurred by the participant during the course of the event. I hereby grant permission to North American Spirit LLC to use participant's image or video on its website or in other official publications without further consideration, and I acknowledge the right of North American Spirit LLC to crop and treat the images/videos at its discretion. Spirit Summer Camp participants: I have read and agree to abide by all rules and payment/refund policies as outlined in the "Parent and Athlete Information" provided in the Coach's camp packet.

Participant's name (please print clearly): _____

Parent/Guardian's full name/s (please print clearly): _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Phone: (____) _____ - _____ Alternate phone: (____) _____ - _____

Emergency contact person (if parent/guardian is not able to be reached):

_____ Phone: (____) _____ - _____

Participant's school or cheerleading team/gym/school: _____ Level: _____

Participant's date of birth: _____

Medical Insurance Company and policy # (required): _____

Medications to which participant is allergic: _____

Medications to which participant is currently taking: _____

Pre-existing medical condition(s) and/or injuries which may prevent participation or other concerns:

Current activity restrictions? Check one: No Yes

If "Yes" please describe: _____

Signature or participant: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

Anyone without a completed release form will NOT be allowed to participate!