

BADGERETTE POM PON INC. & WEST ALLIS CENTRAL HIGH SCHOOL

MEDICAL/LIABILITY WAIVER

All release forms must be signed and turned in at event registration on February 26, 2012

STUDENT NAME:	
TEAM NAME:	

Parent/Guardian ~ Please initial below:

Date _____

- _____ As a parent or legal guardian of the above team member, I authorize my son/daughter to participate in the Badgerette WI Spirit Championships on February 26, 2012 at West Allis Central HS, WI
- _____ I authorize a representative of the BPP, Inc, Staff to locate qualified and licensed medical personnel and/or call emergency transportation for said student to an appropriate medical facility in the event that it may become necessary.
- _____ I understand I will be notified as soon as possible in the event of an emergency. My insurance company or I, will assume all expenses for such treatment.
- _____ I understand that the BPP, Inc. Staff, West Allis Central HS coaches and event volunteers shall not be responsible for any injury incurred as a result of my son/daughter's participation in this event.

Signature of Parent or Guardian _____

Email _____ Phone () _____

Address _____

City/ State _____ Zip _____

Confidential Medical Information

Family Doctor _____ Phone () _____

Insurance Company _____ Policy Number _____

List pertinent medial information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy or any other pertinent medical information.

Indicate any medication the participant is allergic to:

Indicate any medication the participant is currently taking:

List two other contacts we can use in case of an emergency:

Name _____ Phone () _____

Name _____ Phone () _____