

**BADGERETTE POM PON INC. & BRIGHTON HIGH SCHOOL  
MEDICAL/LIABILITY WAIVER**

*All release forms must be signed and turned in at event registration on 12/2/2023*

<b>STUDENT NAME:</b>	
<b>TEAM NAME:</b>	

Parent → Please initial & discuss with your child:

\_\_\_\_\_ As a parent or legal guardian of the above team member, I authorize my son/daughter to participate in the Badgerette Pom Pon Inc. Competition on December 2<sup>nd</sup> @ Brighton HS, MI  
\_\_\_\_\_ I authorize a representative of the BPP, Inc, Staff, and/or my child's adult coach 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, Brighton HS coaches and parent volunteers shall not be responsible for any injury incurred as a result of my son/daughter's participation in this event.  
\_\_\_\_\_ I attest that: - I am not currently experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.

Signature of Parent or Guardian \_\_\_\_\_

Signature of Student \_\_\_\_\_

Phone (            ) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**Confidential Medical Information**

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

List pertinent medical 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 another contact we can use in case of an emergency:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_