



EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in programs presented by the MYCA, when parents or guardians cannot be reached.

Please fill out all fields completely

Childs Name: _____ Birth Date: _____

Address: _____

Phone: _____

Please list who to contact in case of an emergency:

Name: _____ Relationship: _____

Primary phone number: _____ Secondary phone number: _____

Name: _____ Relationship: _____

Primary phone number: _____ Secondary phone number: _____

I do hereby give consent for the following medical care providers and local hospitals to be notified:

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Specialist: _____ Phone Number: _____

Please complete Part I or Part II, but NOT BOTH

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: the administration of any treatment deemed necessary by the physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and the transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Parent Signature: _____

PART II: REFUSAL TO CONSENT

I do not give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish MYCA to take no action.

Date: _____ Parent Signature: _____

MEDICAL HISTORY:

Please list any facts concerning the child's medical history that MYCA should be alerted to:

Known Allergies: _____

Current Medications: _____

RELEASE OF RESPONSIBILITY:

I represent myself to be the parent or legal guardian of this cheerleader and hereby give my permission and assume full responsibility for my child to participate in (MYCA) MENTOR YOUTH CHEERLEADING ASSOCIATION as a cheerleader and hereby release the MYCA, its members, volunteers, and coaches from any and all liabilities whatsoever. In the case of injury, while participating in any/all Mentor Youth Cheerleading Association activities, we parents/guardian of the above the above named child, will not hold Mentor Youth Cheerleading Association or any of the MYCA coaching personnel responsible for medical costs. I assume all risks and hazards incidental to activities of the MYCA.

Signature of Parent/Guardian _____ Date: _____

Parent Address: _____

PARENT CODE OF CONDUCT: I have received, read and agree to the parent code of conduct. I agree that my failure to follow these rules may result may result in my cheerleader's removal from the game and/or league.

Signature of Parent/guardian: _____

MENTOR YOUTH CHEERLEADING ASSOCIATION MEDIA CONSENT

I, as the parent or guardian of _____, hereby give Mentor Youth Cheerleading Association permission to print, photograph, and or record my child for use in video, audio, photographs, printed media or on the internet. I understand that neither MYCA nor its coaches will reproduce said photograph, video or audio for any commercial value or receive monetary gain. I am fully aware that I will not receive any monetary compensation for my child's participation. I also hereby release MYCA and its coaches from all claims, demands, and liabilities whatsoever in connection with the above.

I certify that I have read the Mentor Youth Cheerleading Association Student Media statement and fully understand its terms and conditions.

Check one of the following choices:

I/We **GRANT** permission for photo, video or audio of my child to be published.

I/We **DO NOT GRANT** permission for photo, video or audio of my child to be published.

Signature of Parent/guardian: _____