Hillsborough High School

2022-2023 Open Mat Cheerleading Practices

MEDICAL & LIABILITY RELEASE FORM

This form must be filled out and brought to the first Open Mat practice in order to participate. You do not need this form for the first day of tryouts.

Cheerleader's Name:_____

Date of Birth: _____/_____/_____

Insurance Company:_____

Policy Number:_____

Please list any medical conditions and/or allergies below:

_____
_____
_____
_____
_____

I, _____, give my child, _____, permission to participate in the Hillsborough High School Cheerleading Open Mat Practices. I give consent that, should an accident/injury occur, my child will be taken to a medical facility and treated, if necessary. By signing this document, I release Hillsborough High School, the HHS Cheerleading Coaches/Staff, and the HHS Athletic Department from liability for any injuries sustained through participation.

_____
Parent's/Guardian's Name (Please Print)

_____ _____
Parent's/Guardian's Signature Date