

Hillsborough High School
2016-2017 Open-Mat Cheerleading Practices
MEDICAL & LIABILITY RELEASE FORM

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