

SAC STATE TRYOUTS

Date

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE
(PLEASE PRINT)

Participant's Name Name of parent or guardian

Present Address Parent or Guardian address

City State Zip City State Zip

Participant's Social Security # Parent or Guardian Social Security #

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, whose name is , and hereinafter shall be referred to as "participant", to participate in the Sacramento State Cheer Team tryout. In order that participant may receive the necessary medical treatment in the event of an injury or illness, I hereby hold Sacramento State and its representatives harmless in the exercise of this authority.

II. I further acknowledge, understand and agree that in taking part in this tryout, there is a possibility of physical illness or injury (minimal, serious or catastrophic) and that by participating, I am assuming the risk of such illness or injury by participation.

III. I further agree to hold harmless employees of Sacramento State which administers the tryout and the university or school in which the event is being conducted for any injury or illness incurred by participant during the course of the tryout.

List any medication to which the participant is allergic: List any medication which the participant is taking:

Signature of Parent or Guardian if participant is under 18 years

Participant's Signature

Emergency # If parent cannot be reached, contact:
Mother # Father # Home # Cell #

Current school status (check one)
High School Senior _____
College: Fr_____ SOPH_____ JR_____ SR_____