



TUALATIN COED CHEER

PARTICIPATION WAIVER

MEDICAL RELEASE FOR TRYOUTS & PRESEASON PRACTICES

Athlete Name: _____

1. Has the participant had injuries or medical problems requiring medical attention within the last year?

Yes___ No___

2. Does participant have an ongoing, significant disease or chronic illness such as epilepsy, asthma, diabetes, chronic heart disease, or severe allergy?

Yes___ No___ If yes, please specify:

3. We acknowledge and recognize that hazards are present in athletics/cheer & stunt and that injury may occur. My signature authorizes the coaches to obtain any emergency medical transportation or care that may become necessary during athletic/cheer & stunt events if I am not available. I also understand I will be responsible for any medical expenses incurred due to any injury during this open gym/practice and will not hold the Tualatin Cheer, Tualatin High School, Tigard/ Tualatin School District, its staff or employees liable for any injuries, illness or expenses incurred.

Parent/Guardian Signature: _____ **Date:** _____

This medical release is enough for open gyms, tryouts and pre-season practices only. If your student is selected to participate in Tualatin Cheer & Stunt, he/she must have a current physical & medical card filled out with the district prior to the official start of the season.