

**2011 Western Iowa Youth Sports Inc.**  
**Parent/Cheerleader Information and Informed Consent Form.**

Cheerleader Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Fathers Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Workphone \_\_\_\_\_  
Email Address: \_\_\_\_\_

Mothers Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Workphone \_\_\_\_\_  
Email Address: \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship with cheerleader \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**Cheerleader medical information**

Are you allergic to any drugs ? \_\_\_\_\_ If so, what ? \_\_\_\_\_

Do you have any other allergies ?(i.e., bee sting, dust) \_\_\_\_\_

Do you suffer from \_\_\_ asthma, \_\_\_ diabetes, and or \_\_\_ epilepsy ?(Check any that apply)

Are you on any medication ? \_\_\_\_\_ If so, what ? \_\_\_\_\_

Do you wear contacts ? \_\_\_\_\_

Any other medical information that we should be aware of ? \_\_\_\_\_

I the parent of the above named minor give my permission for him/her to participate in cheerleading. My child and I are aware that participating in cheerleading is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me. I do hereby waive, release, absolve, indemnify and agree to hold harmless Western Iowa Youth Sports Inc., the organizers, sponsors, participants, and persons managing, supervising, or coaching my child for any activities, for any claim arising out of an injury while participating in a sporting activity sponsored and directed by Western Iowa Youth Sports Inc. Further, I authorize team or league officials to authorize and obtain medical care from any licensed medical authority should the above named minor become ill or injured while participating in team or league activities.

I understand this informed consent form and agree to its conditions on behalf of my child.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_