

*Power & Grace (P&G) Wildcats Cheerleading*

1908 N Jennifer Pl  
Sioux Falls SD 57106  
605-361-3419

**Athletic Participation/Parental Consent Form** revised 06/06/11  
**May 2011 – May 2012**

**PART I - ATHLETIC PARTICIPATION**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Address of Parent(s)/Guardian(s): \_\_\_\_\_ City/Zip \_\_\_\_\_  
(If different from above or if under 18)

**INDIVIDUAL ELIGIBILITY RULES**

Before any kind of participation as a member of Power & Grace's cheer program, an Athletic Participation/Parental Consent Form must be submitted to the P&G coach(es)/staff. The form must be **completely** filled in and properly signed attesting that the athlete is physically fit for athletic practice/stunting/tumbling, performance and competition relating to P&G and that the parent(s)/guardian(s) or athlete (age 18 or over) **consents** to the athlete's participation in any P&G related class/activity.

- Eligibility to participate in a P&G class or on a competitive team is a privilege earned by meeting not only the above-listed minimum standard, but also all other standards set by P&G.

**LOCAL DIVISIONS AND DISTRICTS AND ANY COMPETITIONS/PERFORMANCES ATTENDED MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

Parent/Guardian or Athlete over 18 Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PART II -- MEDICAL HISTORY**

The athlete's medical history is requested to help the coach(es)/staff determine if the athlete may need to refrain from participating in certain aspects of cheerleading, such as stunting/tumbling/dancing, and to assist the athlete should there be an emergency health situation.

Has the athlete ever had or does he/she currently have any of the following? Please explain any YES answers.

Broken bones, weak joints-ankles and/or knees? YES\_\_\_ NO\_\_\_ \_\_\_\_\_

Seizures or epilepsy? YES\_\_\_ NO\_\_\_ If yes, is the athlete on medication for seizures/epilepsy? YES\_\_\_ NO\_\_\_  
\_\_\_\_\_

Diabetes? YES\_\_\_ NO\_\_\_ If yes, is the athlete on medication for diabetes? YES\_\_\_ NO\_\_\_  
\_\_\_\_\_

Allergies? YES\_\_\_ NO\_\_\_ If yes, is the athlete on medication for allergies? YES\_\_\_ NO\_\_\_  
\_\_\_\_\_

Asthma? YES\_\_\_ NO\_\_\_ If yes, is the athlete on medication for asthma? YES\_\_\_ NO\_\_\_  
\_\_\_\_\_

Athletic Participation/Parental Consent Form

Does the athlete take any medicine regularly that may have to be administered by the P&G coach(es)/staff?  
YES\_\_\_ NO\_\_\_ \_\_\_\_\_

Does the athlete have any other significant health problems? YES\_\_\_ NO\_\_\_  
\_\_\_\_\_

**I attest that the above information is accurate to the best of my knowledge.**

**Parent/Guardian or Athlete over 18** Signature: \_\_\_\_\_

**PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT**

I give permission for \_\_\_\_\_ (name of child/ward or athlete 18 or over) to participate in P&G related classes/activities. I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to myself (if 18 or over)/ my child/ward. I understand that the degree of danger and the seriousness of the risks vary significantly from one sport to another with contact sports carrying the higher risk.

He/she is or I am (athlete 18 or over) insured by our family policy with:  
Name of Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_

I am aware that my (if 18 or over)/my child/ward's participation in P&G related classes/activities may involve travel. I acknowledge and accept the risks inherent in P&G related classes/activities and with the travel involved and with this knowledge in mind, grant permission for myself (if 18 or over)/my child/ward to participate in the sport and travel with the squad when necessary.

I also give my **consent** and approval for my (if 18 or over)/my child/ward's picture and name to be printed in any performance/competition program, publication or video.

**Parent/Guardian or Athlete over 18** Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PART V - EMERGENCY PERMISSION FORM**

Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**EMERGENCY AUTHORIZATION:**

In the event I cannot be reached in an emergency (for athlete under 18) or I am rendered unconscious or incapable of making a decision (athlete 18 or over) , I hereby give permission to physicians selected by the coach(es)/staff of P&G to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the athlete named above.

**Parent/Guardian or Athlete over 18** printed name(s): \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_  
Secondary Emergency Contact Person \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating you/your child in case of an emergency:  
\_\_\_\_\_

Please list any allergies to medications, etc: \_\_\_\_\_  
Has athlete been prescribed an inhaler or epipen? YES\_\_\_ NO\_\_\_ Does student wear contact lenses? YES\_\_\_ NO\_\_\_  
Is athlete presently taking medication? YES\_\_\_ NO\_\_\_ If yes, what type? \_\_\_\_\_

**Parent/Guardian or Athlete over 18** Signature \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to athlete \_\_\_\_\_

**\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.**