



Atlanta Falcons Jr. Cheerleader Program Medical Release Form

****THIS FORM MUST BE SIGNED AND PROVIDED TO JAKENE ASHFORD, ATLANTA FALCONS JUNIOR CHEERLEADER COORDINATOR, PRIOR TO PARTICIPATION****

PARTICIPANT NAME _____ **DATE** _____

PARENT/GUARDIAN NAME _____

ANY ALLERGIES TO MEDICINE? IF SO, PLEASE LIST.

LIST ANY CONDITIONS THAT INSTRUCTORS OR STAFF SHOULD BE AWARE OF:

CONTACTS FOR MEDICAL EMERGENCY

1. NAME _____ TEL# _____ RELATION _____

2. NAME _____ TEL# _____ RELATION _____

INSURANCE COVERAGE FOR INJURY IS REQUIRED BY ALL PARTICIPANTS. I HEREBY AUTHORIZE ANY MEDICAL TREATMENT WHICH MAY BE ADVISED OR RECOMMENDED.

YES, I HAVE THE REQUIRED INSURANCE _____ (✓ FOR YES)

NAME ON POLICY _____

INSURANCE COMPANY _____ **POLICY #** _____

SIGNATURE _____