

**BADGERETTE POM PON INC. & SUN PRAIRIE HIGH SCHOOL  
MEDICAL/LIABILITY WAIVER**

*All release forms must be signed and turned in at event registration on January 10, 2016.*

<b>TEAM NAME:</b>	
<b>STUDENT NAME:</b>	

*Please initial:*

\_\_\_\_\_ As a parent or legal guardian of the above team member, I authorize my son/daughter to participate in the 2016 Badger State Pom Competition on January 10<sup>th</sup> at Sun Prairie HS  
\_\_\_\_\_ I authorize a representative of the BPP, Inc, Staff to locate qualified and licensed medical personnel and/or call emergency transportation for said student to an appropriate medical facility in the event that it may become necessary.  
\_\_\_\_\_ I understand I will be notified as soon as possible in the event of an emergency. My insurance company or I will assume all expenses for such treatment.  
\_\_\_\_\_ I understand that the BPP, Inc. Staff, Sun Prairie HS coaches and parent volunteers shall not be responsible for any injury incurred as a result of my son/daughter's participation in the 2015 Badger State Pom Competition.

Signature of Parent or Guardian \_\_\_\_\_

Phone (            ) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**Confidential Medical Information**

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

List pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy or any other pertinent medical information.

\_\_\_\_\_  
\_\_\_\_\_

Indicate *all* medication the participant is allergic to:

\_\_\_\_\_

Indicate *all* medication the participant is currently taking:

\_\_\_\_\_

**List two other contacts we can use in case of an emergency:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_