

**26th ANNUAL BISHOP MCCORT
INVITATIONAL CHEERLEADING CHAMPIONSHIP**

Saturday October 28, 2017

**ALL PARTICIPANTS MUST COMPLETE AND RETURN THIS FORM IN
ORDER TO PARTICIPATE**

CHEERLEADERS NAME _____

TEAM NAME: _____

HOME ADDRESS: _____

HOME OR CELL PHONE: _____

In case of emergency please call:

1. Name _____

Phone _____

Relationship _____

Insurance Company: _____

Policy Number: _____

Any medical conditions and/or allergies: _____

STATEMENT OF RELEASE

The undersigned releases from liability Bishop McCort Catholic High School, the Bishop McCort cheerleading coaches and any other employee of Bishop McCort Catholic High School for any expenses, charges, other costs or claims for damage or injury because of his/her participation in the competition.

Signature of Parent or Guardian/Date

Signature of Participant/Date

COACH – PLEASE COLLECT AND TURN IN AT THE COMPETITION.

