

**25th ANNUAL BISHOP MCCORT  
INVITATIONAL CHEERLEADING CHAMPIONSHIP**

*Saturday October 29, 2016*

**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.**

