

## 2024 Chester Athletic Association Photo Release

I give Chester Athletic Association the right and permission to film, photograph, and/or video the participant or myself (advisor/coach/director/parent) during the 2024 Football/Cheer season during practices, games, social events as well as at competitions or championships; To be used for the sole purpose of Chester Athletic Association on social medias and social events as well as programs and printings the association may have.

Signed this \_\_\_\_\_ Day                      Month    Year

In the presence of: \_\_\_\_\_  
(Director or Coach)

Parents/ Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

### \*\*\*\* CONSENT TO PLAY & EMERGENCY MEDICAL AUTHORIZATION\*\*\*\*

I/We the parent(s) or legal guardians of the above named child, a candidate for a position on a CAA cheer team, which is a member of the Chesterfield Cheerleading League (CCL) , hereby give my/our approval for his/her participation in any and all League and Association sponsored activities. I/We will furnish a birth certificate or other proof of birth of the above named athlete.

I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless Chester Athletic Association, the organizers, sponsors, supervisors, participants and persons transporting my/our son or daughter. I/We agree to pay the registration fee and purchase any uniform that may be required to participate. I/We understand that failure to pay may result in the suspension of athletic activity for my child from their team until the balance is paid. All returned checks are subject to a \$35 fee. **I/We understand that it is MANDATORY for my child to participate in all the Chester Athletic Association's fundraising projects and see that the money and unsold merchandise is returned to the designated individuals when due.**

Parent's (or legal guardian's) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CHESTERFIELD CHEERLEADER LEAGUE

## MEDICAL FORM

YEAR: \_\_\_\_\_

COMPLETION OF THIS FORM WILL COVER YOUR CHILD AT ALL CCL EVENTS FOR THE CURRENT YEAR

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade in September: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: ( ) \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (804) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
If this person cannot be reached, please contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (804) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Elementary School Boundary: \_\_\_\_\_

## THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION

Please list all allergies: \_\_\_\_\_ Please list allergies to medication: \_\_\_\_\_

Please list any medication which participant is currently taking: \_\_\_\_\_

Please make any necessary comments concerning physical condition, restrictions of participant, if any, etc.: \_\_\_\_\_

## INSURANCE INFORMATION: Please list name and address of insurance company that covers participant.

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

\_\_\_\_\_ Please check this line if participant is NOT covered by an insurance policy. Please be aware that bills will be sent directly to parent or legal guardian.

## MEDICAL TREATMENT / AUTHORITY STATEMENT

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son/ward to attend cheerleading events sponsored and conducted by Chesterfield Cheerleader League. In order for my daughter/son/ward to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Chesterfield Cheerleader League's staff members to obtain medical treatment for my daughter/son/ward for such injury or illness, I hereby hold Chesterfield Cheerleader League and their representatives harmless in the exercise of this authority.

I further acknowledge, understand and agree that in participating in these events there is a possibility of physical injury or illness that my daughter/son/ward is assuming the risk of injury or illness by her/his participation. I assume full financial responsibility for such treatment.

## WAIVER & RELEASE OF LIABILITY

**In consideration of being allowed to participate in any way in the Chesterfield Cheerleaders League's cheerleader sports program and related events and activities, the undersigned:**

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk and serious injury, including permanent disability and death, and severe social and severe social economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises of any equipment used.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Chesterfield Cheerleader League, its affiliated associations, their respective directors, agents, coaches, sponsors, and other employees of the organization, other participants, sponsoring agencies, sponsors advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, property losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases otherwise.

I/WE HAVE READ THE ABOVE MEDICAL TREATMENT/AUTHORITY STATEMENT AND WAIVER & RELEASE OF LIABILITY, AND UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

**(X) Parent / Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed name of Parent or Guardian: \_\_\_\_\_ Printed name of participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY THE "X". NO ONE CAN PARTICIPATE IN A CCL EVENT UNLESS THIS FORM HAS BEEN PROPERLY FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN.**

# CHESTER ATHLETIC ASSOCIATION

## CONFIDENTIAL

### Authorization for Medical Care of a Minor

I, \_\_\_\_\_ the undersigned parent or legal guardian of \_\_\_\_\_  
Do hereby authorize **CHESTER ATHLETIC ASSOCIATION**, to consent to any x-ray examination, surgical or dental diagnosis and/or treatment. Hospital care is to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

IN GIVING THIS CONSENT, I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care, and I am unable to be contacted; in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments of procedures, if an, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Date \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency please contact \_\_\_\_\_ Phone \_\_\_\_\_

#### Treatment Information

Minor's Birth Date \_\_\_\_\_ Minor's Allergies \_\_\_\_\_

Minor's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Minor's Medication \_\_\_\_\_

Date of Minor's Last Tetanus Shot \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Does your child have any known allergies or is your child allergic to any medications? \_\_\_\_\_

If yes, please list any allergies and their reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there are any "Helpful Hints" (previous cheering, bathroom frequency, etc.) or "fears" (heights, being in front of people, etc.) you would feel helpful for me to know, please list them:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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