

# Pom Connection

www.TrilogyDance.com

847-456-7880

## MEDICAL AUTHORIZATION, WAIVER, AND RELEASE AGREEMENT 2010 – 2011 SEASON

Tinies (5 yrs <) Minis (8 yrs <) Youth (11 yrs <) Juniors (14 yrs <) Seniors (14 yrs>) Cheer

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Pommie's Name/Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Age as of August 31<sup>st</sup>, 2010 \_\_\_\_\_ Grade/School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Dr's Phone \_\_\_\_\_

Special Allergies, Chronic Illness, or other medical conditions of minor (including ADD and ADHD): \_\_\_\_\_

**THE UNDERSIGNED PARENT/LEGAL GUARDIAN AGREES THAT:**

1. The parent/guardian shall hold harmless, release, and indemnify Pom Connection, its staff and volunteers (hereinafter Pom Connection) from any and all liability (including attorney's fees) arising from, because of, or in connection with the minor's participation in the Pom Connection Program;
2. The Pom Connection represents that no medical coverage will be available from the Pom Connection to the minor and the parent/guardian assumes all responsibility for any and all medical coverage and expenses necessary from the minor's participation in the Pom Connection Program;
3. It is understood that the practice time and competition time of the minor will be at the discretion of the head coach of the team of which that minor is a participant;
4. The parent/guardian has been given sufficient information and understands that in addition to registration fee there are other expenses in Pom Connection program, such as jazz shoes and dance costume to go with the music of the routine and that some teams may be participating in activities such as dance camps or out of state competitions;
5. **There is no refund for the registration fee.**

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

**My signatures above and below affirm the fact that I have read, understood and agreed to all the terms and conditions of this Agreement.**

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**Medical Emergency Authorization**

To Whom it May Concern: As parent/legal guardian, I authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger the minor's life, cause disfigurement, physical impairment or extreme discomfort, if delayed. This authority is granted only after a reasonable effort has been made to contact me. This release is effective from date of signing until the end of the first quarter of the following calendar year.

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment.

**I HAVE READ AND UNDERSTOOD THE TIME AND FINANCIAL COMMITMENT FOR BEING ON A POM CONNECTION TEAM. I HAVE A COPY OF THE 2010-2011 SEASON INFORMATION SHEET.**

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

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Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ Cash \_\_\_\_\_ Approved By \_\_\_\_\_

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**NOTES:**