PARENT PERMISSION FORM

for attendance at the 3-Day Cheer/Song Clinic at Los Alamitos High School
Sponsored by LAHS Y/S/C Booster Club

Student's Full Name _____

Address _____

City _____ Zip _____ Phone _____

Physician _____ Phone _____

_____ _____
Insurance Company Policy Number

I understand that participation in the 3-Day Cheerleading/Songleading Clinic is ***voluntary*** and is ***not required*** as part of the regular school program. I also understand this is not a District sponsored activity and hereby release and discharge Los Alamitos Unified School District from all liability arising out of or in connection with the above described activity.

In the event of an accident or sudden illness, the sponsor has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

The undersigned do hereby authorize the Y/S/C Advisor or Coach to act as agents for the undersigned and to consent to any x-ray, anesthetic, medical, dental, or surgical diagnostic or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital or elsewhere.

We, the undersigned, do hereby accept full responsibility and financial liability for any such care as outlined above or for emergency rescue vehicles as may be needed.

The undersigned also acknowledge that the above named minor must have his/her own accident/medical insurance. The company and policy number must be listed above. Students will not be allowed to participate unless they have insurance.

_____ _____ _____
Parent/Guardian Signature Date Home & Work Phone Numbers

_____ _____ _____
Parent/Guardian Signature Date Home & Work Phone Numbers

_____ _____ _____
Student Signature Date Home Phone Number

_____ _____ _____
Emergency Contact Relationship Home Phone Number