



# 2011 AGREEMENT OF COMPLIANCE FORM

## Medical Treatment, Liability Release, & Appearance Agreement for Palomar Pop Warner Cheer and Dance Competition



PARENT/GUARDIAN...**Please read the following and print clearly:**

An **Agreement of Compliance Form** must be read and signed for each participant in order to participate in the Palomar Pop Warner Cheer and Dance Competition. This form is valid for the event conducted on **October 23, 2011 or its rescheduled date**. This form must be filled out completely. **Please submit this form prior to participation in the event.**

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Team Name \_\_\_\_\_ Association \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level \_\_\_\_\_ Gender (circle) F M

MEDICAL HISTORY OF PARTICIPANT...**Check the appropriate box. When applicable, please provide details.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Disorders
<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure
<input type="checkbox"/> Yes <input type="checkbox"/> No	Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Throat/Ear Infection
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abnormal Irregular Menstrual Cycles
<input type="checkbox"/> Yes <input type="checkbox"/> No	Migraine Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy/Fainting Spells
<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Trouble	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Lenses
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Existing Injury		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Conditions Currently Under Treatment		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medications Currently Taking		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other		

LEGAL DETAILS...**Please read and initial each section.**

Teams will be required to submit an *Agreement of Compliance Form* for each participant in order to perform at the **Palomar Pop Warner Cheer and Dance Competition**.

**(INITIALS) My initials confirm that I have read and understand each statement listed below:**

\_\_\_\_\_ I understand that by taking part in any Pop Warner event there is a possibility of injury or sickness to my child. With this knowledge I give permission for my child to participate in a Pop Warner event and do hereby grant permission to Emergency Medical members to administer immediate treatment to my child should he/she become injured or ill.

\_\_\_\_\_ I also agree to hold harmless Pop Warner, and their respective officers, directors, employees, agents, contractors, subsidiaries, affiliates and parent companies for any injury incurred as a result of my child's participation in the Pop Warner event even if it is shown that they are negligent.

\_\_\_\_\_ I give Pop Warner and its associates the right to film, photograph or videotape my child for any reproductions associated or in any way connected with said televised or filmed event; in particular, reproduction for use in any form of advertisement for Pop Warner and its associates' promotional purposes.

\_\_\_\_\_ By signing this form in the space below, I am stating that I have read this form thoroughly, filled it out completely and accurately, and I understand and will adhere to all statements listed above.

**Please Print:**

Parent/Guardian: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy/Group# \_\_\_\_\_ Ins. Phone # \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**