

**ARGYLE CHEERLEADING
INFORMATION AND EMERGENCY CARD**

Name: _____ Date of Birth: _____ Sex: _____

Address: _____

Student cell: _____ Student E-mail: _____ Home phone: _____

Name of Guardians: _____ Cell Phone: _____

_____ Cell Phone: _____

Work Phone: _____ Parent Email: _____

Allergies and/or Medical Conditions: _____

Any medications currently taking: _____

Family Physician: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Insurance Co.: _____ Policy #: _____

(copy of insurance card needs to be attached)

General Release

In consideration of permission granted, by the Argyle Independent School District of Argyle, Texas, (the "District") for the above-named student to participate in the cheerleader program for the 2011-2012 school year, on behalf of myself individually, and on behalf of the student named above, I hereby indemnify, hold harmless, release and discharge the District, its governing board, agents, employees, and officers, from any and all claims, demands, liabilities, actions, judgments, expenses (including attorneys' fees and costs of defense), and executions which may be made by reason of any personal injury to the student (including, but not limited to, serious bodily injury or death), or damage to property sustained by the student, caused by any act, neglect, default, or omission of any person, firm, or corporation, directly or indirectly associated with the District cheerleader program, arising, growing out of, or connected to, directly or indirectly, participation in, or association with, the District cheerleader program, including but not limited to, the negligence, whether by act or omission, of the District and/or its representatives, agents or employees and/or the strict liability of the District and/or its representatives, agents or employees.

I further hereby authorize a representative of the District to consent to medical treatment of the student in the event the representative determines, in his/her discretion that there is an emergency on the trip. I understand and acknowledge there is risk involved in the student's participation in the cheerleader program and that the Argyle Independent School District cannot offer any guarantees against the possibility of any injury.

I, the undersigned, have read this release and consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Parent or Guardian

Signature of Parent or Guardian