

St. Alphonsus School

Cynthia C. Ryals, Ed.D., Principal

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Medical and Liability Release Form Cheerleading Tryouts

Student's Name _____

I certify that _____ is physically capable and able to fulfill requirements needed to be a cheerleader/dancer/mascot. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my daughter in the event of illness or injury during any squad related activity when either parent cannot be reached. If there is any physical or medical reason why she should not participate fully, the school requires a doctor's release. Furthermore, the school, and advisors are not liable for any injury incurred during cheerleading/dance line/mascot activities.

Parent's Signature _____

Parent Contact Information

Mother's Name _____ Father's Name _____

Phone (w) _____ (h) _____ (w) _____ (h) _____

Mother's Address _____

City _____ State _____ Zip _____

Father's Address _____

City _____ State _____ Zip _____

Emergency Contact Person

Name _____ Relationship _____

Phone Number _____

Family Doctor _____ Phone _____

Forming Faith and Future

