



**VAN WERT COUNTY FAIR
CHEERLEADING INVITATIONAL**
LITTLE LEADERS, JUNIOR HIGH,
JUNIOR VARSITY, VARSITY

**ATHLETIC INSURANCE
WAIVER**

Print or copy one waiver for each participant to complete.

Make copies of ALL signed forms and bring along on the day of the event to verify eligibility. Send originals with application.

A waiver **MUST** be filled out for each participant and signed by participant's parent or guardian.

I, the undersigned, being parent, legal next of kin, or legal guardian of this participant:

Name:	Age:	School:
-------	------	---------

HEREBY ACCEPT THE RESPONSIBILITY FOR ANY INJURY he/she may receive at, or as a result of, the Van Wert County Fair's Cheerleading Invitational and authorize any necessary medical treatment. I also accept the responsibility of insurance coverage as listed below and confirm the stated medical issues below:

Initial Box	SECTION 1 --- Insurance Coverage	
	Participant has own insurance coverage. (Provide Policy Information)	Insurance Provider Name:
		Insurance Policy #:
	Participant has school insurance.	
	Participant has NO insurance coverage. Therefore, parent/guardian is <u>totally</u> responsible for payment of all medical costs. (Physician, hospital, radiology, laboratory, pharmacy, etc)	
SECTION 2 --- In regard to participant, I submit the following medical information:		
Allergies to foods, medications, stings, etc: (If none, so state)		
Special medical problems or conditions: (If none, so state)		
Medications participant carries on person: (If none, so state)		
Participant Primary Medical Care:		
Physician Name:		Physician Phone #:
SECTION 3 --- Parent/Guardian Contact Information		
Parent/Guardian Names:		
Father Home Phone #:	Father Business Phone #:	Father Cell Phone #:
Mother Home Phone #:	Mother Business Phone #:	Mother Cell Phone #:

Parent/Guardian Signature: _____

Date: _____