LAHS SONG & CHEER SKILLS CLINIC PERMISSION FORM

For performance at the Song & Cheer Skills Clinic at Los Alamitos High School
Sponsored by Los Alamitos Song and Cheer, Inc.

Student's Full Name _____

Address _____

City _____ Zip _____ Phone _____

Physician _____ Phone _____

Insurance Company _____ Policy Number _____

I understand that participation in the Skills Clinic at Los Alamitos High School 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 does 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 acknowledges 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.

The undersigned gives permission to publish the above named minor's picture in the newspaper or be used for publicity of this event in the future. No names will be used.

_____ _____ _____
Parent Name (Please Print) **Parent/Guardian Signature** **Date**

_____ _____ _____
Cell Phone # **Work Phone #** **Email**

_____ _____ _____
Parent Name (Please Print) **Parent/Guardian Signature** **Date**

_____ _____ _____
Cell Phone # **Work Phone #** **Email**

_____ _____
Emergency Contact **Relationship**

_____ _____ _____
Home Phone # **Cell Phone #** **Work Phone #**