

# INDIVIDUAL WAIVER M.A.C. ANNUAL STUNT CAMP



## MANITOBA ASSOCIATION OF CHEERLEADING CAMP MEDICAL INFORMATION/WAIVER FORM

### DO NOT MAIL THIS FORM

**IMPORTANT: To check in at camp, each participant must bring this completed form to the registration table. The completed form must be signed by a parent or guardian. PARTICIPANTS WILL NOT BE ADMITTED WITHOUT THIS SIGNED FORM**

PARTICIPANT NAME

PARENT / GUARDIAN

PHONE NUMBER

SCHOOL NAME

ALT. PHONE NUMBER

MB HEALTH CARD #

DATE OF BIRTH (mm/dd/yy)

BLUE CROSS #

HOME ADDRESS

CITY PROVINCE POSTAL CODE

Please check any known medical conditions that the M.A.C. staff should be aware of:

- Bee Stings
- Penicillin
- Food
- Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_

Any Orthopedic conditions that will limit safe participation in any activity: (be specific)

\_\_\_\_\_

Do you wear contact lenses?  YES  NO

Do you have Asthma?  YES  NO

Are you diabetic?  YES  NO

Other: (be specific)

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned parent or guardian do hereby grant permission for my son/daughter, \_\_\_\_\_, to attend the MAC Stunt Camp. I acknowledge, understand and agree that in participating at the camp there is a possibility of physical injury/illness (both acute and permanent) and that my son/daughter is assuming risk of such injury/illness by his/her participation. I assume full responsibility for my son/daughter's participation. In order that my son/daughter may receive the necessary medical treatment in the event of injury or illness, I hereby authorize the Manitoba Association of Cheerleading camp director and/or the staff to seek medical treatment for my son/daughter for such illness or injury sustained during the camp. Furthermore, The Manitoba Association of Cheerleading, the camp director or staff and the host University or College will not be held responsible for any injury or illness incurred while my son/daughter is at the camp.

PARENT / GUARDIAN NAME (please print clearly)  
Participants 18 years of age at time of camp may sign for self.

PARENT / GUARDIAN SIGNATURE DATE

**DO NOT MAIL THIS FORM, BRING IT WITH YOU TO CAMP.**  
YOU WILL NOT BE PERMITTED TO REGISTER FOR CAMP WITHOUT THIS COMPLETED FORM.