



TACCA College Recruitment Clinic

**CONSENT TO PARTICIPATE AND
ACKNOWLEDGEMENT OF RISKS**

I/We hereby acknowledge an awareness that participation in the TACCA College Recruitment Clinic for the sport of cheerleading involves risk of injury, paralysis permanent mental disability, or death and that these injuries may occur in some instances as the result of unavoidable accidents. I/We accept these risks in giving consent to participate in the TACCA College Recruitment Clinic on this date of February 19, 2012 by the undersigned persons.

I/We also understand that CURRENT MEDICAL INSURANCE information must be provided to TACCA in order to participate in the TACCA College Recruitment Clinic. Return this document, to the TACCA registration table at the TACCA College Recruitment Clinic of which undersigned persons are participating in PRIOR TO TIME OF CLINIC.

Print Full Name

Date of Birth

Participant's Signature

Date

Parent / Guardian Signature

Date

INSURANCE COMPANY NAME: _____

POLICY AND GROUP NUMBER: _____

INSURANCE CO. ADDRESS:

INSURANCE CO. PHONE:

NAME OF INSURED: (EXAMPLE: PARENT)

NAME OF INSURED SOCIAL SECURITY

_____

RELATION TO STUDENT ATHLETE:

