

MEDICAL RELEASE AND LIABILITY RELEASE FORM

2025-2026 Central East High Pep & Cheer events (summer camp, spirit night, spirit showcase, elementary championships, & Nationals Send Off)

Name: _____ School: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Insurance Company: _____ Policy Number: _____

Family Doctor: _____ Phone Number: _____

Medical Allergies: _____

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

I as parent or legal guardian, give permission for my child _____, to participate in Central East High Pep & Cheer events for 2025-2026 (summer camp, spirit night, spirit showcase, elementary championships, & Nationals Send Off). I give permission to hospital/paramedic staff to administer immediate treatment to my child should he/she become injured or ill. In addition, I waive and release Central Unified and Central East High School (school, staff, volunteers, and employees) from any and all claims and causes of action arising from or concerning any and all injuries, illness, losses or damages of any kind which my child or I may have as a result of or in connection with my child's participation in Central East High Summer Cheer Camp, and/or travel to and from the event.

Parent Signature: _____ Date: _____

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