

**SCHOOL NAME:** \_\_\_\_\_

**PARENTAL CONSENT FORM FOR THE JONES CHEER CAMP**

Sponsors: Please have one form for each student completed. A copy should be made of each. The sponsor should keep one copy and the other should be turned in at registration on Monday, June 1.

I, the undersigned parent or guardian, do hereby grant my permission for my daughter/son (Name) \_\_\_\_\_ to attend the Jones County Junior College Cheer Camp. In order that my daughter/son may receive the necessary medical treatment in the event of an injury or illness, I hereby authorize the Jones County Junior College Cheerleader Camp Director to obtain medical treatment for my daughter/son for such an injury or illness during the camp, and I hereby hold Jones County Junior College Cheerleader Staff and Director, Jones County Junior College, and their representatives harmless in the exercise of this authority.

I further acknowledge and understand and agree that in participating in this camp there is a possibility of physical illness and injury and that my daughter/son is assuming the risk of such illness or injury by his/her participation.

\_\_\_\_\_ (Parent or guardian signature)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Home phone & Cell phone)

\_\_\_\_\_ (Business phone while child is at camp)

\_\_\_\_\_ (Insurance policy and number)

Please list any medications to which the participant is allergic:

\_\_\_\_\_

Please list any medications to which the participant is taking:

\_\_\_\_\_