

<p><b>ASHBURN LOCATION</b>  44600 Guilford Drive Suite 120  Ashburn, VA 20147  703-444-6002</p> <p>stingrayallstarsva.com  info@stingrayallstarsva.com</p>	<p><b>THE STINGRAY ALLSTARS - VIRGINIA</b></p>  <p><b>WAIVER/MEDICAL FORM</b></p>	<p><b>MANASSAS LOCATION</b>  10689 Wakeman Court  Manassas, VA 20110  703-444-6002 x 2</p> <p>manassas.stingrayallstarsva.com  manassas@stingrayallstarsva.com</p>
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**PARTICIPANT INFORMATION**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Female/Male Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Office #: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #/Group #: \_\_\_\_\_

General Allergies/Allergies to Medications: \_\_\_\_\_

Pertinent Medical Information: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medication Release: I allow my child to be given the following medication(s), if necessary, while at the gym: Tylenol - Advil - Ibuprofen - Benadryl

**PARENT/GUARDIAN INFORMATION**

**Mother/Guardian** - First: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Father/Guardian** - First: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (other than a parent)**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

In the event of injury or illness arising during participation of my child/ward in any The Stingray Allstars Virginia & All Star Legacy LLC activities, I, the undersigned parent/guardian, do hereby give permission for my child/ward to receive emergency medical treatment deemed necessary by the designated family physician or by another qualified, licensed physician who is available (doctor, dentist, emergency medical person). I acknowledge, understand and agree that this authorization is to be used only in emergency situations when I cannot be contacted or when I am able to be contacted but cannot be present. I hereby hold The Stingray Allstars Virginia & All Star Legacy LLC and its employees harmless in the exercise of this authority.

I, the undersigned parent/guardian, do hereby give my consent to my child's/ward's participation in all all-star activities. I understand that participation in tumbling, dance & cheerleading activities involves the risk of injury. I assume all risks & hazards incidental to such participation including transportation to & from activities & I do hereby waive, release, absolve, indemnify & hold harmless The Stingray Allstars Virginia & All Star Legacy LLC & its employees for any claim arising out of injury to the applicant whether the result of negligence or for any other cause.

SIGNATURE: Parent/Guardian/Self (if older than 18): \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? Flyer - Internet - Friend/Referral: \_\_\_\_\_ Other: \_\_\_\_\_