

**CHEER AUTHORITY**  
**2009 Summer Stunt Clinic**  
**INSURANCE FORM**  
**STUNT CLINIC July 18-19, 2009**

NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE: \_\_\_\_\_ PARENT'S PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INSURANCE COMPANY NAME: \_\_\_\_\_

POLICY AND GROUP NUMBER: (MUST LIST!!) \_\_\_\_\_

INSURANCE CO. ADDRESS: \_\_\_\_\_

INSURANCE CO. PHONE: \_\_\_\_\_

NAME OF INSURED: (EXAMPLE: PARENT) \_\_\_\_\_

NAME OF INSURED SOCIAL SECURITY # \_\_\_\_\_

RELATION TO STUDENT ATHLETE: \_\_\_\_\_

I, the undersigned, understand that it is necessary for me to have medical insurance to be permitted to participate in the Cheer Authority Summer Stunt Clinic. It is also understood my parents or I have and will maintain medical insurance that will cover me in the event of injury while participating in this event.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_