



WEE WARRIOR CHEER PERMISSION SLIP

I, hereby give my permission for my child, _____,
to participate in Wee Warrior Cheer Club for the 2022-2023 school year.

I hereby release and hold harmless Southeastern Christian Academy and its volunteers with respect to any and all injury, disability, loss, or damage to person or property. I also give permission for medical treatment to be administered to my child as deemed necessary by medical personnel and/or volunteers affiliated with Southeastern Christian Academy. I understand that every reasonable attempt to contact me will be made. I agree to be responsible for all charges incurred and that the below information is current and correct.

In the event of an emergency and parents cannot be reached, I hereby give my permission for an SCA representative to obtain emergency medical treatment. Below is medical information on my child:

CHILD'S PHYSICIAN: _____ PHONE: _____

INSURANCE COMPANY: _____ POLICY NO: _____

MEDICAL HISTORY (i.e. allergic reactions, medication currently taking, etc.):

Parent Signature: _____ Date: _____

Parent Phone Numbers: Work _____ Home _____

Cell _____