

PARENT'S & PARTICIPANT'S CODE OF ETHICS ---MEDICAL RELEASE FORM

**MUST BE COPIED - SIGNED- & MAILED BY DEADLINE—WHICH IS ONE WEEK BEFORE THE HOOSIER OPEN & NATIONALS DATE-----YOUR TEAM WILL NOT COMPETE AND NO REFUND IF THIS FORM IS LATE!
THIS FORM WILL NOT BE ACCEPTED AT THE COMPETITION REGISTRATION**

- *Midwest Cheer/Dance is an organization that supports and encourages sportsmanship, integrity, and fairness among participants, and coaches/advisors in all aspects of cheerleading and dancing including, team practice and performances. Midwest is dedicated to set the standard and promote this behavior to the best of our abilities---we maintain that coaches/advisors and parents play an intricate role in promoting this among their respective team members.*
- *To ensure a positive experience---Midwest Cheer/Dance asks that the following CODE OF CONDUCT be adhered to during any sanctioned Midwest event. (camp-competition-Nationals-convention etc.)*
 1. *Any questionable situation or concern that might affect a team's performance or experience must be communicated by the coach/advisor (not a parent) to the assistant coordinator—who will then take you to speak to Christy Reynolds-Young.*
 2. *Participants, coaches, advisors, or spectators/parents are prohibited from making ANY contact with the judges or tabulators at the judges table—during the competition or after.*
 3. *ALL SCORES ARE FINAL—Including subjective, penalty, time keeping-etc.*
 4. *ALL DECISIONS MADE BY ANY MIDWEST STAFF MEMBER IS FINAL-*
 5. *If there is a discrepancy of the tallying of the scores---The HEAD COACH must speak to Christy Reynolds-Young. The conversation must be in a professional manner.*
 6. *Any aggressive, unruly, or belligerent behavior by participants, coaches, advisors, or spectator/parent towards any other attendee or Midwest Cheer/Dance staff will result in disqualification, removal from the event and/or barred from any future Midwest Cheer/Dance event.*

Participant name: _____ Participant's school _____

Participant address: _____

Incase of emergency-Notify: _____ Phone: _____ relationship _____

MEDICAL INSURANCE COMPANY: _____

POLICY # _____ (will not be able to perform w/out policy #)

Allergic to any medication? ___ What kind _____

Other info: _____