

TEAM REGISTRATION / RELEASE

THIS FORM IS REQUIRED FOR PARTICIPATION ON A CHEER TEAM

ATHLETE #1's NAME: _____ BIRTHDATE: _____

SCHOOL ATTENDING: _____ GRADE: _____ ATHLETE'S CELL: _____

Please check here if you do NOT want to be considered for an Elite TRAVEL team:

TEAM PLACEMENT IS AT THE SOLE DISCRETION OF THE COACHES

Would you be interested in cross-competing on two teams? Yes No Maybe

ATHLETE #2's NAME: _____ BIRTHDATE: _____

SCHOOL ATTENDING: _____ GRADE: _____ ATHLETE'S CELL: _____

Please check here if you do NOT want to be considered for an Elite TRAVEL team:

TEAM PLACEMENT IS AT THE SOLE DISCRETION OF THE COACHES

Would you be interested in cross-competing on two teams? Yes No Maybe

IF YOUR ATHLETES ARE NEW TO OUR GYM, PLEASE LIST ANY PRIOR CHEER, TUMBLING, OR DANCE EXPERIENCE:

PLEASE DESCRIBE ANY MEDICAL PROBLEMS OR INJURIES THAT THE ATHLETES HAVE THAT MAY INTERFERE WITH CHEERLEADING/TUMBLING AND/OR IF YOU HAVE ANY MEDICATION THAT IS TAKEN REGULARLY:

ATHLETE #1: _____

ATHLETE #2: _____

CLUBS, TEAMS, ACTIVITIES, JOBS, OR VACATIONS THAT MAY CONFLICT WITH TEAM COMMITMENTS:

FAMILY INFORMATION:

ADDRESS: _____ CITY/STATE/ZIP: _____

MOTHER/GUARDIANS NAME: _____ FATHER/GUARDIANS NAME: _____

MOTHER'S PRIMARY PHONE: _____ FATHER'S PRIMARY PHONE: _____

MOTHER'S EMAIL: _____ FATHER'S EMAIL: _____

LIST AN EMERGENCY CONTACT (OTHER THAN PARENTS) TO WHOM PARTICIPANTS MAY BE RELEASED IF PARENTS CANNOT BE REACHED:

NAME: _____ RELATIONSHIP: _____ PRIMARY PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

INSURANCE COMPANY: _____ POLICY NUMBER: _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE: The risk of injury to my child(ren) from the activities involved with cheerleading and all other aspects of this program are significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I fully understand that the Champion staff members are not medical practitioners of any kind. With the aforementioned in mind, I hereby release the Champion Cheer Athletics staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Champion staff, to seek medical help, including the transportation by any Champion Cheer Athletics member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for the child should the staff deem it necessary. For myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation. I hereby agree to release Champion Cheer Athletics LLC and hold CCA directors, staff and volunteers harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in cheerleading which includes stunting, tumbling and other physical activities associated with this sport, on behalf of the participant. I am aware that this is a release of liability and acknowledgement of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation. I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms, and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____