



# BRANDON ALL-STARS REGISTRATION FORM

STUDENT NAME \_\_\_\_\_

Last

First

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

AGE \_\_\_\_\_

GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

APT \_\_\_\_\_

PARENT/ GUARDIAN \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_

CELL PHONE (    ) \_\_\_\_\_

WORK PHONE (    ) \_\_\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_

PHYSICIAN \_\_\_\_\_

PHONE (    ) \_\_\_\_\_

PLEASE LIST ALL EXISTING OR RECURRING INJURIES:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ALL ALLERGES, EMERGENCY PRECAUTIONS AND  
EMERGENCY MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE  
REACHED, WHO SHOULD BE CONTACTED?

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE (    ) \_\_\_\_\_

## **BRANDON ALL-STARS PARTICIPANT AGREEMENT AND RELEASE**

In consideration of the services of the Brandon All-Stars, its coaches, owners, officers, employees, and all other persons or entities acting on its behalf, I hereby agree to release and discharge the Brandon All-Stars, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I understand and acknowledge that the activity I am about to engage in poses known risks and unanticipated risk which could result in injury, paralysis, death, emotional distress, or damage to myself, to property, or to third parties. The following describes some, but not all of those risks.

*Cheerleading and tumbling entails certain risks which simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, students would not improve their skills, and the enjoyment of the sport would be diminished. Trained instructors will be present during practice sessions, but there is always the risk of injury that cannot be prevented.*

*Cheerleading and tumbling exposes its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants often fall during practices, sprain or break wrists and ankles, and can suffer more serious injuries as well, including paralysis or even death. Furthermore, weight training is inherently dangerous and traveling to and from shows, meets and exhibitions raises the possibility of any manner of transportation accidents. In any event, if you are injured you may require medical attention at your expense.*

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Brandon All-Stars, from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the Brandon All-Stars' equipment or facilities, including any such claims which allege negligent acts or omissions of the Brandon All-Stars.

Should the Brandon All-Stars or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no mental or physical conditions which could interfere with my safety in this activity, or else am willing to assume and bear the costs of all risks that may be related, directly or indirectly, by any such condition.

### **TUITION AND MAKE-UP POLICIES**

Tuition is due on the 1<sup>st</sup> of every month. NO MAKE-UPS or REFUNDS are granted to individuals or a group clinic. No refunds will be given at any time should your child decide to leave Brandon All-Stars for any reason or if your child is asked to leave for disciplinary reasons; this includes but is not limited to all fees paid to Brandon All-Stars such as unattended competitions and or practice sessions.

**PLEASE MAKE ALL CHECKS PAYABLE TO BRANDON ALL-STARS.**  
**Be sure to include your child's name and what it is for on the check memo line.**

I, the undersigned, do hereby voluntarily submit my application for my child's attendance and participation with the Brandon All-Stars.

I do hereby assume full responsibility for all damages, injuries, and/or losses that my child may sustain or incur, if any, while participating, and I hereby waive all claims against Brandon All-Stars, all associated coaches and board members for any claims or injuries my child may sustain.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA RELEASE AND INSURANCE INFORMATION

### Media Release

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of my child and the recording of my child's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. Further, I understand others, with or without the consent of Brandon All-Stars, may use and/or reproduce such photographs and recordings. I hereby release Brandon All-Stars, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers agents and employees from all claims of every kind on account of such use.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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### Insurance Information

Participant Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_