



Registration Form-Basic Program

Today's Date: _____ Phone #: _____

Student's Name: _____ Age: _____

Mailing Address: _____ City: _____ Zip: _____

Parent Names: _____

Parent Driver Lic. #: _____ Exp. Date: _____

School Name: _____

(Name of your everyday school)

Practice Location: (circle one) Phelan Hesperia Victorville Apple Valley

Class Fees: \$6.00 per class/\$8.00 per class summer session Prices Subject to Change

Poms: \$20.00 Uniform: \$70.00 (\$40.00 Cheer Shell (vest) \$30.00 Skirt)

Please don't fill in the bottom blanks-Let the cashier do that for you!

Amount Paid: \$ _____ Cash, Credit or Check # _____

Drivers License and expiration date are mandatory on all checks!

You are responsible for getting your receipt!

Paying For: Lessons Uniform Poms rec or not rec

*Make all checks payable to "High Desert Cheer" or "HDC"
All returned checks are subject to a \$25.00 service fee!*

Medical Treatment Authorization and Liability Release

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of cheerleading, stunting & gymnastics. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, arising as a result of such activity from with liability could accrue to High Desert Cheer, its officers, agents, employees, instructors, subsidiaries, parent corporations and all affiliated entities (hereinafter collectively referred to as "HDC").

I hereby agree to release HDC and hold HDC 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 the program 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 my own free will in exchange for the privilege of participation.

If I am a minor, my parent and/or legal guardian has signed this document releasing HDC from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this activity.

The above named student has my permission to attend the HDC program. I warrant the above information is complete and correct. I hereby authorize the director or their agent to act in my behalf to provide emergency medical treatment. I further release the HDC of all liabilities associated with my child's attendance in the program.

Parent/Guardian Signature: _____