

Registration and Medical Release Form



**Heat Elite Allstars, Ltd.
14441 Edison Dr., Unit 3
New Lenox, IL 60451
815-485-1000**

Student Name _____
 D.O.B. _____ Age as of 8/31/10 _____ Grade _____
 Mother (First) _____ (MI) _____ (Last) _____
 Father (First) _____ (MI) _____ (Last) _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Mother's Cell _____
 Work Phone _____ Father's Cell _____
 Father E-mail _____ Mother E-mail _____

MEDIA RELEASE

I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of my minor child or me by Heat Elite Allstars staff or their designee. I understand that any such photographs, audio recordings, and/or video recordings become the property of Heat Elite Allstars and may be used by the gym, or others with their consent, for educational, instructional, or promotional purposes determined by the administration in broadcast and media formats now existing or created in the future.

INITIALS

EMERGENCY INFORMATION

I hereby authorize Heat Elite Allstars staff or anyone they designate, to treat my son/daughter _____ for injuries or illness that may occur while at a gym function.

INITIALS

I authorize necessary medical treatment to any hospital designated by Heat Elite Allstars or to their designate.

INITIALS

It is understood the parents or their agents will be called upon to give additional authorization if advanced treatments (MRI, lab tests, surgical procedures, etc....) are necessary.

INITIALS

I am aware as a parent of the above participant, that I will be responsible for providing proper insurance information to Heat Elite Allstars prior to participation in any programs.

INITIALS

Insur Carrier _____
 Policy Number _____ Group Number _____
 Fam Physician _____ Phone _____
 Emerg Contact _____ Relationship _____
 Phone _____

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT:

- (1) Is the participant under a doctor's care? If so, explain:

- (2) Is the participant allergic to any medications? If so, explain:

- (3) Does the participant have any chronic medical conditions? (i.e. diabetes, asthma, heart murmur) If so, explain:

- (4) Is the participant currently taking any medication(s)? If so, explain:

- (5) In the last year, has the participant:

				Explain:
Had a major illness	---	Y	N	_____
Been hospitalized	---	Y	N	_____
Undergone surgery	---	Y	N	_____
Been unconscious	---	Y	N	_____

Received an injury from cheerleading related activity: _____

IT IS THE SUGGESTION OF HEAT ELITE ALLSTARS THAT EACH PARTICIPANT HAVE A MEDICAL EXAMINATION PRIOR TO THE PARTICIPATION IN THIS ATHLETIC ACTIVITY.

INITIALS

IF THE PARTICIPANT IS ASTHMATIC, THEY WILL BE REQUIRED TO KEEP MEDICATION AT THE TRAINING SIGHT (i.e. inhaler).

INITIALS

I hereby certify that I understand the following: Dance and cheerleading involves a variety of movement, motions, rotations, leaps, tumbling, jumps, partner stunts, and pyramids. Therefore, participation in these athletic activities some amount of danger of personal injury. I, _____(parent/legal guardian) totally assume the risks involved by _____(participating student) participating in these dance and cheerleading activities. I further realize that improper conduct during the athletic activity could result in catastrophic injury, paralysis, or even death.

- (1) I further agree to hold harmless HEAT ELITE ALLSTARS (HEAT) and all HEAT directors and staff for any injury that the participant may incur while being a volunteer participant in HEAT programs.
- (2) I am a volunteer participant in the manual manipulation training that HEAT provides. I will only partake in this training under the direct supervision of an HEAT instructional staff member.
- (3) In the event that HEAT uses facilities other than their own and an accident or injury should happen, I will not hold liable the facility, company, organization, proprietor, or it's employees of the location that HEAT is utilizing.
- (4) I am aware as a parent/guardian of the above named participant that I will be responsible for providing proper insurance coverage and insurance information to HEAT prior to the participation in any HEAT activity.

STATEMENT: I HAVE CAREFULLY READ THIS DOCUMENT AND I UNDERSTAND AND ACCEPT THE INFORMATION AND THE REQUIREMENTS THEREIN.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of Heat Elite Allstars, Ltd., its owners, agents, officers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as HEAT), I hereby agree to release, discharge, and hold harmless HEAT, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1. I understand and acknowledge that the activities that I or my child engage in while on the premises or under the auspices of HEAT pose known and unknown risks which could result in injury, paralysis, death, emotional distress, or damage to me, my child, to property, or to third parties. The following describes some, but not all, of those risks: cheerleading and gymnastics, including performances of stunts and use of trampolines, entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, cheerleading students would not improve their skills and the enjoyment of the sport would be diminished. Cheerleading and gymnastics expose participants to the usual risk of cuts and bruises, and other more serious risks as well. Participants often fall, sprain or break wrists and ankles, and can suffer more serious injuries. Traveling to and from shows, meets and exhibitions raises the possibilities of any manner of transportation accidents. In any event, if you or your child is injured, medical assistance may be required which you must pay for yourself.
- 2. I expressly agree and promise to accept and assume all of the risks, known and unknown, connected with HEAT related activities, including but not limited to performance of stunts and use of trampolines. My participation and that of my child is purely voluntary. No one has forced or coerced me or my child to participate. I elect for myself and my children to participate in such activities in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify HEAT from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in HEAT related activities.
- 4. Should HEAT be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
- 5. I certify that my child has health, accident and liability insurance to cover bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child. I further certify that I am willing to assume and bear the costs of all risks that may arise or be created, directly or indirectly, through or by any such condition.
- 6. In the event that I file lawsuit against HEAT, I agree to do so solely in the State of Illinois and I further agree that the Substantive and procedural laws in that state shall apply in any such action without regard to the conflict of laws rules there of. I agree that if any portion of this agreement is found void or unenforceable, the remaining portions shall remain in full force and effect.
- 7. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or the participation of any of my children in this activity, I may be found by court of law to have waived my right to maintain a lawsuit against HEAT on the basis of any claim from which I have released HEAT by signing this Agreement.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT:

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (must be completed for participants under 18 years of age)

In consideration of _____(print minor's name) being permitted by HEAT to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold HEAT from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____