

# THE MATRIX ALLSTARS

## 2010-2011 Cheerleader Registration Form

TO BE FILLED OUT BY A PARENT OR GUARDIAN. PLEASE PRINT LEGIBLY AND IN INK.

**There is a \$45.00 Athlete registration fee due at the time of registration.  
Registration fees are renewed in May of every year**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_\_\_ GRADE IN SCHOOL: \_\_\_\_\_ AGE, AS OF 5/31/10: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PARENT(S)/GUARDIAN(S) NAME:  
\_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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### MEDICAL TREATMENT AND LIABILITY RELEASE

NAME OF MEDICAL INSURANCE COMPANY:  
\_\_\_\_\_

INSURANCE CO. PHONE: \_\_\_\_\_ POLICY / GROUP NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
NAME

ALLERGIES (Please List): \_\_\_\_\_

MEDICATIONS TO WHICH PARTICIPANT IS ALLERGIC OR MEDICAL CONDITIONS THAT COULD AFFECT OR LIMIT FULL PARTICIPATION (Please List):  
\_\_\_\_\_  
\_\_\_\_\_

I understand that by allowing \_\_\_\_\_ to participate in The Matrix Program, there is a possibility of illness/injury to my child, and I knowingly and freely assume all such risks. I agree to hold harmless The Matrix, AKA "MX" its staff, and the practice and training facility. I do hereby grant permission for my child to receive immediate medical treatment should he/she be injured and I hereby hold the personnel and representatives of The Matrix harmless in the exercise of this authority.

### FINANCIAL COMMITMENT FOR TEAM/S CHEERLEADING

I understand that there is a financial commitment/responsibility for my child's participation on a Matrix competitive cheerleading team. If my child quits the team, I understand that there are no refunds and that I am responsible for my child's outstanding fees. I also understand that there is a \$25.00 charge for any returned checks.

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_