



CALIFORNIA COAST CHEER DANCE & GYMNASTIC

(805) 654-9453

**5600 Everglades St Suite C
Ventura California 93003**

Athlete Information & Medical Release Form

Please fill out all information that applies:

Athlete Name: _____ **Main Phone:** (_____) _____

Address: _____ **2nd Phone:** (_____) _____

City/State/Zip: _____ **Fax Number:** (_____) _____

Parent 's Name _____ **Athlete Email:** _____

Current School: _____ **Parent Email:** _____

Date of Birth: _____ **Age** _____ **Parent Daytime Ph:** (_____) _____

Medical Authorization and Release I authorize California Coast Cheer Dance and Gymnastic (CCC)/Pride All-stars and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. I also give California Coast Cheer Dance and Gymnastic/ Pride All-stars permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to pride all stars instruction, practices, or performances. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization. California Coast Cheer Dance and Gymnastic/ Pride all-stars strives to provide the maximum in safety procedures, guidelines, and enforcement, and therefore assumes no responsibility for any accidents or injuries that may occur. I am fully aware that any activity involving motion, height, athletic activity, and/or gymnastic equipment (i.e. Tumbl-Trak®, trampoline, etc) creates the possibility of serious injury, and I further agree to hold California Coast Cheer Dance and Gymnastic/ Pride All-stars and its staff and officers harmless for any injury or resulting expenses. I release and discharge all rights and claims against and its parties.

Parent/Legal Guardian signature: _____ **Date:** _____

Please list any physical/psychological limitations, injury, or weakness that may affect the athlete: _____

Any medicines allergic to: _____

Doctor: _____ **Phone:** (_____) _____

Insurance Carrier: _____ **Policy Number:** _____

Emergency Contact: _____ **Phone:** (_____) _____

FOR OFFICE USE ONLY:

REGISTRED: **Competition Team / Tumbling / Hip Hop / Private Lessons / Rec Class /Home School /Pay as you go**
REGISTRATION FEE (\$20) PAID: **Cash / Credit Card / Check #** _____ **Competition registration** _____

ON FEE (\$20) PAID: **Cash / Credit Card / Check #** _____ **Competition registration** _____

REFERRED BY _____