

Cheers & More/Studio C
Medical Release Form

Participant's Name _____ Age _____ Birthdate ____/____/____

Address _____ Phone # _____

City _____ State _____ Zip Code _____ E-mail address _____

Parent/Guardian _____ Phone # _____

Parent/Guardian _____ Phone # _____

Person to contact if you cannot be reached _____

Relationship _____ Phone # _____

Please read and sign the following:

I/We the parents/guardian _____ do hereby permit my son/daughter named above to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while at Cheers & More, Inc./Studio C. By granting permission of said student to participate at Cheers & More, Inc./Studio C, I/We hereby assume full responsibility for said participants personal safety and release Cheers & More, Inc./Studio C, their supervisors, employees and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said participant (son/daughter) that may arise by participating. I/We understand that these activities can result in serious injury and disability. I/We assume all responsibility and waive any claim for compensation for accidental injury, disability or death while attending Cheers & More, Inc./Studio C. I/We agree to provide health and accident insurance to any injuries sustained on my premisses. If no insurance is available, then I/We agree to pay for any medial or hospital bills accumulated.

Parent/Guardian signature: _____ Date _____

Physicians Name: _____ Phone # _____

Insurance Co.: _____ Policy # _____

Please list any past injuries or any specific information regarding your child's physical health that we should be aware of:
