



Participant Information & Release

Name: _____ Birthdate (mm/dd/yy): _____

Address: _____ City/State/Zip: _____

School Attending: _____ Grade (2010-2011): _____

Email Address: _____

Parent/Guardians Names: _____

Mother's (H) _____ (W) _____ (C) _____

Father's (H) _____ (W) _____ (C) _____

If Parent's cannot be reached, please contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Have you had any medical problems or allergies that may interfere with cheerleading/tumbling? _____

Describe the problems or limitations: _____

Do you have medication for this, with you? If yes, please describe: _____

Medical Treatment Authorization and Liability Release

The risk of injury to my child from the activities involved with cheerleading and all other aspects of this program are significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.

I fully understand that Champion cheer staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Champion Cheer Athletics staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Champion Cheer Athletics staff, to call our doctor and to seek medical help, including transportation by any Champion Cheer Athletics member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for the child should the Champion Cheer Athletics staff deem it necessary.

For myself, spouse, and child I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation.

I hereby agree to release Champion Cheer Athletics L.L.C. and hold Champion Cheer Athletics directors, staff and volunteers 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 cheerleading which includes stunting, tumbling and other physical activities associated with this sport, on behalf of the participant.

I am aware that this is a release of liability and acknowledgment of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and on my own free will in exchange for the privilege of participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: _____

Date: _____

Printed Name: _____