

IDAHO FALLS ELITE ALLSTARS REGISTRATION & MEDICAL INFORMATION

Participants Name: _____ Grade in School _____

Home Address: _____ City/Zip _____

Home Telephone: _____ Date of Birth: _____

Mother's Name: _____ Cell Phone: _____

Fathers Name: _____ Cell Phone: _____

Email Address: _____

If parent cannot be reached, please contact: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Family Doctor: _____ Doctor's Phone: _____

Have you had any serious illness, surgery or injury? _____ If yes please describe: _____

Do you have any medical problems or allergies that may interfere with your classes? _____

If so please describe the problem or limitations: _____

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

Medical Treatment Authorization and Liability Release

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of cheerleading/tumbling/dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, arising as a result of such activity from with liability could accrue to Idaho Falls Elite Allstars, its officers, agents, employees, instructors, owners and all affiliated entities (hereinafter collectively referred to as "Idaho Falls Elite Allstars").

I hereby agree to release Idaho Falls Elite Allstars and hold Idaho Falls Elite Allstars 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 the cheerleading/tumbling/dance on behalf of the participant.

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

If I am a minor, my parent and/ or legal guardian has signed this document releasing Idaho Falls Elite Allstars from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this activity.

The above named student has my permission to attend Idaho Falls Elite Allstars classes. I warrant the above information is complete and correct. I hereby authorize the Idaho Falls Elite Allstars owners to act in my behalf to provide emergency medical treatment. I further release Idaho Falls Elite Allstars of all liabilities associated with my child's attendance to Idaho Falls Elite Allstars Gym.

Parent/ Guardian Signature

Date