

INTEGRITY

All Stars

Registration Form

Participant Info

Name: _____ Age: _____ DOB: _____

Parent/Guardian Info

Name(s): _____

Address: _____ Home #: _____

_____ Cell #: _____

_____ Work #: _____

eMail Address: _____

(Parent)

eMail Address: _____

(Participant or Alt)

Emergency Info

Contact Name: _____

Relationship to Participant: _____

Contact's Number: _____

Comments

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Participant Info

Is the Participant taking any medication (s) daily? If so, what? _____

List any pre-existing injuries or medical problem: _____

Does Participant have any tumbling skills? If so, what? (Select all that apply)

Cartwheel Tuck Back Handspring Other _____

Would you be interested in cross competing on multiple teams? _____

How many years of cheer or dance experience do you have? _____

Were you referred to this team? Yes or No If so, by who: _____

Release of Liability

I/We understand that by taking part in this or any athletic activity here with Integrity All Stars Cheer & Dance there is a possibility of physical injury , minimum to serious up to and including death, and that participant is assuming the risk of any/all injury by participating. I/We, the parent/guardian of the participant named above, give permission for participation in the Intergrity All Stars program.

I/We hereby waive, release, absolve, indemnify and agree to hold harmless Integrity All Stars Cheer & Dance and its entire staff up to and including its coaches, sponsors, vendors, participants, instructors, and its board members for any injury and/or illness occurring as a result of the above named participant's active involvement in this event.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____

Sizes

T-Shirt

YXS YS YM YL YXL AS AM AL AX AXXL

Cotton Shorts

YXS YS YM YL YXL AS AM AL AX AXXL

Shoe _____ Adult or Youth Size

Comments:

Office Use Only

Member Since: _____ Reviewed by: _____