

PARTICIPATION FORM



Cheerleader's Name:	Parent/Guardian:
Cheerleader's E-Mail:	Parent Email:
Cheerleader Cell #:	Parent Cell #:
Date of Birth:	Home #:
Age:	Additional Email:
Address:	Additional Phone #:

AUTHORIZATION AND RELEASE

I authorize NW Pride All-Stars, LLC and its representatives to consent to medical treatment for myself/my child when I cannot be reached to so consent. I am fully aware that any activity involving motion, height, or athletic activities creates the possibility of serious injury, and I further agree to hold NW Pride All-Stars, LLC and its staff and officers harmless for any injury or resulting expense(s). I release and discharge all rights and claims against NW Pride All-Stars, LLC, and its parties. NW Pride All-Stars, LLC strives to provide the maximum in safety procedures and guidelines, and cannot assume responsibility for any accidents, injury, or illness that may occur.

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____
 Address: _____

Person to be notified other than parent or guardian in an emergency:

Emergency Person: _____ Phone: _____
 Family Doctor: _____ Phone: _____
 Insurance Company: _____ Policy #: _____

Is there any medical information that emergency personnel should be notified of? (Diabetes, allergic to medicine, epilepsy, asthma)

You must have accident insurance coverage to participate in cheerleading activities at NW Pride All-Stars, LLC. If there is any change in this information you must notify the Coach immediately.

I/We acknowledge and recognize that hazards are present in any athletic event and that injury may result. Myself/My son/daughter is fully covered by insurance carried by his/her parent/guardian(s). NW Pride All-Stars coaches or volunteers will not be liable for injury that occurs during cheerleading practice, contest, or travel to and from cheerleading activities.

Participant/Parent/Guardian Signature _____ Date: _____

PARENTAL CONSENT AND CONTRACT

_____ has my permission to participate in the NW Pride All-Stars Program for 2010-2011. In consideration for the training and coaching provided by NW Pride All-Stars, LLC, I understand that my son/daughter (or myself) must abide by the rules and regulations set forth by the coach and be present for all practices and events. Further, I understand and agree to the following terms and conditions for my son/daughter to participant at a NW Pride All-Stars class:

- I understand that all forms must be completed by the first practice or my child will not be allowed to participate.
- I agree to pay all fees associated with my participation at NW Pride All-Stars.
- I authorize NW Pride All-Stars, LLC to use photographs, video and/or other likenesses of my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto.
- **I understand that the very nature of the activity, cheerleading carries a risk of physical injury.** No matter how careful the participant and the coaches are, how many spotters are used, or what landing surface is used, **the risk cannot be eliminated.**
- I have read and will abide by all NW Pride All-Stars, LLC policies, guidelines and rules.

Parent/Guardian Signature _____ Date _____

Cheerleader Signature if over 18 years _____ Date _____