



MARYLAND ALLSTARS

COMPETITIVE CHEERLEADING, LLC

REGISTRATION FORM

FOR OFFICIAL USE ONLY
Team:
Registration Date:
Entered By:

ATHLETE INFORMATION		
Name:		
Address:		
City:	State:	Zip:
County:	School:	Grade:
D.O.B.:	Competition Age:	
Athlete's Cell Number:	Athlete's Email:	
Physician's Name:	Physician's Number:	
Insurance Carrier:	Policy Holder:	Policy Number:
T-shirt Size: YS YM YL AS AM AL AXL		

PARENT/GUARDIAN INFORMATION	
Parent/Guardian 1:	
Cell Number:	
Other Number:	
Email:	
Parent/Guardian 2:	
Cell Number:	
Other Number:	

I authorize as parent(s)/guardian(s) of the athlete, Maryland Allstars to consent medical treatment for my child when I cannot be reached. I am fully aware of the risk of serious bodily injury that can occur in cheerleading including but not limited to: blisters, muscle strains, ligament sprains, joint and muscle soreness, abrasions, contusions, stress fractures, broken bones, spinal cord injuries involving paralysis, and even death. I understand that Maryland Allstars takes the safety precautions necessary to reduce risk and cannot assume responsibility for any injuries or accidents that may occur. I further agree to hold Maryland Allstars and its staff, directors, and operators harmless for any injury or resulting expenses. I hereby assume full responsibility for all liabilities, losses, costs, claims, and damages. I give permission for my child's photograph to be used for the promotional and advertising purposes of Maryland Allstars. I also agree not to sell or distribute any items pertaining to Maryland Allstars without prior written consent.

Signature of Parent/ Legal Guardian of Athlete

Date