

# Xtreme Tornadoes Tumbling Class Registration

Participant's Name \_\_\_\_\_ School \_\_\_\_\_

Grade (11-12 school yr) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Student E-mail \_\_\_\_\_

Contact in case of emergency:

1<sup>st</sup> person \_\_\_\_\_ Phone \_\_\_\_\_ 2<sup>nd</sup> person \_\_\_\_\_ Phone \_\_\_\_\_

Class attending: Sparklones \_\_\_\_\_, Cyclones \_\_\_\_\_, Twisters \_\_\_\_\_

## Tumbling Fees

**Session Fees: \$30.00/month – Xtreme Cheer Members**

**\$40.00/month – Non-members**

**Registration due by the 15<sup>th</sup> of the prior month – 20 students/class**

### **Acknowledgment of Risk**

I/We fully understand that cheerleading involves motion and height, and that any physical activity, including cheerleading, that involves motion and/or height can result in serious permanent injury and disability or death.

### **Permission to Participate**

With knowledge of the risk of possible injury, disability or death from participation in cheerleading, I/We the parents(s)/legal guardian(s) or the person of \_\_\_\_\_ (the student), do hereby grant permission for the student to participate in cheerleading at Xtreme Cheerleading, LLC.

### **Assumption of Risk and Release from Liability**

I/We hereby assume all risks for the student's personal injury, including disability and/or death, sustained by the student while participating in cheerleading at Xtreme Cheerleading, LLC or while on its premises. I/We release Xtreme Cheerleading, LLC, its directors, instructors, and employees, of and from any and all liability any of them may have for any injury, including disability and/or death, sustained by the student without limit and without regard to the cause of causes thereof or the negligence of any party or parties.

### **Consent to Medical Care**

I/We do hereby authorize any adult director, instructor, or employee of Xtreme Cheerleading, LLC who has care and control of the student to consent to any medical treatment of the student when I/we cannot be contacted, in the judgment of any prospective treating doctor, is immediately and medically necessary to treat and injury sustained by the student.

### **Indemnity and Hold Harmless**

I/We do hereby agree to indemnify Xtreme Cheerleading, LLC, its directors, instructors, and employees and hold them harmless from any claims, demands, and causes of action made against them or expenses they may incur in connection with any injury, including disability and/or death, sustained by the student or in connection with any medical care received by the student.

Parent/Guardian (Print) \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_

Please list any medical/health condition that we should be aware of and any medication taken on a daily basis:

\_\_\_\_\_

\_\_\_\_\_