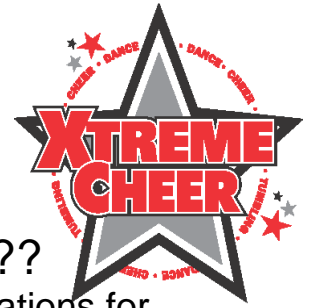




PLATTE



Are you ready to take the Xtreme Challenge??
XTREME CHEERLEADING is currently taking SEASON registrations for
the 2011-2012 CHEER season

Participant's Name _____ School _____

Grade (11-12 school yr) _____ Age _____ Birthdate _____

Competition Squad/Recreational Squad/Tumbling Only (Please circle One) ** Please see info below
Please make sure the ACH form is attached to this form.

Guardian's Name _____
Address _____ City/Zip _____ Home Phone _____

Parent Cell Phone _____ Student Cell Phone _____

Parent Email Address _____ Student E-mail _____

Contact in case of emergency:

1st person _____ Phone _____ 2nd person _____
Phone _____

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) _____

Student's Physician _____ Date _____

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

** Competition squads and recreational squads are required to pay for own cheer uniforms and traveling expenses. There is fundraising available to pay for the costs associated with the program. **Cost for season is \$40/month for 8 months. A \$30 non-refundable registration deposit is required with each registration.** An ACH form is required for all Xtreme classes. Please send this season registration and your non-refundable deposit and/or Tumbling fee to Traci Loecker, 3000 Canal Circle., Mitchell, SD 57301. Call Traci at 770-8803 with any questions you may have. Go to www.xtremecheerleading.net for more information. Limited scholarships are available.