



The Cheer House LLC Registration/Waiver

Name _____ Date of Birth _____
 Address _____ School _____
 _____ Grade _____
 Phone _____ Coach _____
 Mom's work # _____
 Dad's work # _____
 Emergency Contact/relationship _____
 Emergency # _____
 Insurance Carrier _____ Ins. ID # _____

Class registered for: _____
Day of the week: _____



Acknowledge of Risk and Waiver of Liability

As legal guardian of _____, I hereby consent to the aforementioned person participating in the activities conducted by The Cheer House LLC which includes cheerleader training, including cheerleading stunt camp, and/or gymnastic classes and all related activities pertaining thereto. I acknowledge that potentially severe injuries, including permanent paralysis or death, may occur since these activities are of aggressive motion and movement, height and/or motion, stunting and related activities in which there is a significant risk of injury.

I understand that it is extremely difficult to provide for the safety and protection of my child while performing these activities. Consequently, in consideration for allowing my children to use these facilities and be taught under this program, I hereby forever release The Cheer House LLC, its officers, employees, teachers and coaches, from all liability for any and all damages and/or injuries suffered by my child while under the instruction, supervision or control of The Cheer House LLC.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, The Cheer House LLC.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely and is signed voluntarily as to its content and intent.

Parent's or Legal Guardian's signature _____ **Date** _____

Permission to Treat

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Parent's or Legal Guardian's signature _____ **Date** _____