

Cheer Illinois Athletics Class Liability Waiver

Name: _____ Birthdate ____/____/____

Address: _____ City & Zip _____

Email address: _____ Age: _____

Home Phone: _____ Cell # _____

Insurance Carrier _____ Policy # _____

Physicians Name: _____ Physicians Phone _____

Medications: _____ Allergies: _____

LIABILITY RELEASE INFORMATION AND ASSUMPTION OF RISK

I, the parent or legal guardian of the above named child, do hereby give my approval to his/her participation in tumbling, dance, cheer or stunt classes. I do further hereby release, absolve indemnify and hold harmless Cheer Illinois Athletics LLC, organizers, coaches, sponsors and supervisors, any and all of them, in the event of injury to my child while participating in activities at the Cheer Illinois Athletics Gym. I understand the sport of cheerleading and / or tumbling presents certain risks for injury or illness and even death. I also authorize Cheer Illinois Athletics, LLC to seek treatment for my child for injury or illness while participating in activities and also authorize a licensed physician, hospital or medical personnel to perform treatment for an injury or illness to my child. My child is in good health and physical condition and is able to participate in class.

I, As parent and legal guardian of the above named child to hereby give the board members of Cheer Illinois Athletics, LLC permission to confirm any and all of the information given in this registration.

Parent or Legal Guardian Date

Emergency Contact: _____ Phone: _____