

PERMISSION AND MEDICAL RELEASE

FINANCIAL AGREEMENT: By signing this agreement, I agree to all charges involved while my athlete participates as a KrisCross athlete. I have fully read and agree to all the contract, rules and regulations listed in the information packet. I understand that all fees and non-refundable should my athlete quit.

Assumption of Risk: I am fully aware of the risk involved in the sport of cheerleading, power tumbling/trampoline, tumbling class, and/or dance. and am letting my child participate at my own will. I consent to medical treatment for emergencies that occur during or are related to my participation in KrisCross Classes. I will be responsible for any medical, health, or personal injury costs related to my child's participation in any class.

Participant's Name: _____

Insurance Company: _____

Policy Number: _____

List any Medical conditions, if any including allergies: _____

Signature: _____

Parent/Guardian

Agreement for KrisCross team members only!

My athlete, _____ and I have read, understand and do hereby agree to all the stated conditions of KrisCross Gym Team membership!

Signature: _____ **Date:** _____

Parent/Guardian