

# CSA Cheer & Tumbling

32802 Calle Perfecto \* San Juan Capistrano 92675  
949.248.7873 \* coastspirit.com

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M or F \_\_\_\_\_

Parent /Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

In case of an emergency, Please contact \_\_\_\_\_ Phone \_\_\_\_\_

e-mail address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

(necessary for billing purposes)

How did you find us? (Referred by) \_\_\_\_\_

Medical Questions...

Are there any health conditions we need to be aware of? \_\_\_\_ If Yes, Please explain \_\_\_\_\_

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## Please Read and Sign...

In the event of a withdrawal, I understand that I will notify Coast Spirit Athletics (2) two weeks in advance either by phone, email, (or in person), or I will be responsible for payment of classes for the following month.

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian

## Medical Release & Assumption of Risk

I, the undersigned, give my child, \_\_\_\_\_ permission to participate in the activities at: Clements & Associates, Inc dba Coast Spirit Athletics, located at 32803 Calle Perfecto San Juan Capistrano, Ca. 92675. I fully understand and will instruct my minor child participant that there are risks and dangers associated with participation in these classes. I will not hold responsible any owners, directors, employees, coaches, assistants, volunteers or any other persons associated with the Coast Spirit Athletics, and any of their associate coaches in the event of any said injury. I agree that this medical release is and assumption of risk covers every event and activity held by Coast Spirit Athletics

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

----- for office use only -----

Reg fee \_\_\_\_\_ exp date \_\_\_\_\_ QB \_\_\_\_\_ schedule \_\_\_\_\_ email \_\_\_\_\_