



BRING A FRIEND TO THE GYM DAY!!!

Today's Date: _____ Home Phone #: _____
Student's Name: _____ Age: _____
Cell #'s: _____
Physical Address: _____ City: _____ Zip: _____
Parent Names: _____
Parent Driver Lic. #: _____ Exp. Date: _____
School Name: _____
(Name of your everyday school)

NAME OF RELATIVE OR FRIEND TO CONTACT IN CASE OF EMERGENCY: _____ PHONE #: _____

Have you had any serious illness, surgery or injury? Yes _____ No _____

If yes, describe and give date:

Describe any problems or limitations (Past broken bones, pins or plates holding bones, back problems, etc...): _____

Do you take medication on a regular basis? Yes _____ No _____ If yes, what? _____

Health Insurance Company: _____ Membership or Medical Record Number: _____

Family Doctor or Clinic _____ Phone #: _____

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of cheerleading, stunting & gymnastics. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, arising as a result of such activity from with liability could accrue to High Desert Cheer, its officers, agents, employees, instructors, subsidiaries, parent corporations and all affiliated entities (hereinafter collectively referred to as "HDC").

I hereby agree to release HDC and hold HDC harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in the program on behalf of the participant.

I am aware that this is a release of liability and acknowledgement of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and my own free will in exchange for the privilege of participation.

If I am a minor, my parent and/or legal guardian has signed this document releasing HDC from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this activity.

The above named student has my permission to attend the HDC program. I warrant the above information is complete and correct. I hereby authorize the director or their agent to act in my behalf to provide emergency medical treatment. I further release the HDC of all liabilities associated with my child's attendance in the program.

Parent/Guardian

Signature: _____