



# TEXAS ALLSTAR CHEER

(ALLSTAR CHEER & DANCE OF TEXAS, INC.)

## Registration Card and Medical Information

FOR MIDDLE SCHOOL AND HIGH SCHOOL CHEER SQUADS

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Cheer Squad: \_\_\_\_\_ (the "Cheer Squad")

Child Lives with:      Mother      Dad      Legal Guardian (Circle appropriate one)

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's email: \_\_\_\_\_

**Emergency Contact** (other than parents): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medication Currently Taking: \_\_\_\_\_

Allergies to medicines: \_\_\_\_\_

Further medical information or psychological disabilities: \_\_\_\_\_

I certify that my Child is mentally and physically capable of participating in any activity for his or her Cheer Squad conducted in conjunction with or by Texas Allstar Cheer.

I am the legal parent/guardian of the Child.

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_



**TEXAS ALLSTAR CHEER**  
(ALLSTAR CHEER & DANCE OF TEXAS, INC.)



**Parental Permission / Release of All Claims / Consent to Medical Treatment**  
*FOR MIDDLE SCHOOL AND HIGH SCHOOL CHEER SQUADS*

Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_  
 School Cheer Squad: \_\_\_\_\_ (the "Cheer Squad")

**Please read and sign the following:**

I/we the parent(s)/guardian(s) of the above mentioned Child who is a member of the Cheer Squad do hereby grant permission for the Child to participate in any and all cheerleading, tumbling, dance and/or other physical activities (whether one or more, "activities") provided to the Cheer Squad by **TEXAS ALLSTAR CHEER**, whether at or away from the training facility of **TEXAS ALLSTAR CHEER** (address set forth below - "training facility"). The activities may include instruction or assistance by personnel of **TEXAS ALLSTAR CHEER**. I/we represent that the Child is physically able to participate in the activities without limitations. I/we acknowledge and agree it is my/our responsibility to promptly inform **TEXAS ALLSTAR CHEER** in writing of any health updates regarding the Child so long as the Child is a member of the Cheer Squad.

I/we give **TEXAS ALLSTAR CHEER** the right and permission to film, photograph, or videotape my/our Child or me/us for any reproductions associated or in any way connected with **TEXAS ALLSTAR CHEER** (including any form of advertisement or promotional purposes).

The Child will be coached, instructed and conditioned to compete at the peak of his/her ability. Along with competition and effort to acquire excellence is the reality of possible injury. I/we understand that there is personal risk involved in any activity that includes motion or height and that these activities can result in SEVERE INJURIES, DISABILITY OR EVEN DEATH. I/we, the parent(s)/guardian(s), are assuming full responsibility for the Child's personal safety and I/we do hereby release and hold harmless **TEXAS ALLSTAR CHEER**, its employees, supervisors, instructors (whether paid or volunteer), agents, invitees, employees, officers, directors, and shareholders from any and all claims, demands, actions, expenses (including attorney's fees, threatened or incurred), judgments, executions and liabilities that may occur from any injury, accident and/or incident (known or unknown), including death to the Child, that may arise from the Child's attendance at the training facility or as a result of the Child's participation in the activities at **TEXAS ALLSTAR CHEER**, or otherwise, and regardless of any negligence on the part of **TEXAS ALLSTAR CHEER**.

I/we further authorize a representative of **TEXAS ALLSTAR CHEER** to consent to medical treatment of the Child in the event of an emergency while at or away from the training facility. I/we give permission for **TEXAS ALLSTAR CHEER** to give my/our Child first aid and to arrange for transportation to a hospital and receive emergency medical treatment. I/we will assume all costs for such medical care. PLEASE NOTE – TAC IS NOT LICENSED BY THE STATE OF TEXAS AS A CHILD CARE FACILITY.

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_