



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



Parental Permission / Release of All Claims / Consent to Medical Treatment
TUMBLING CLASSES AND TAC TEAMS

Child's Name _____ Date _____
 (Additional children in same family) _____
 Name of Parent/Guardian _____
 Address _____ City _____, State _____ Zip _____

Please read and sign the following:

I/we the parent(s)/guardian(s) of the above mentioned Child (whether one or more) 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") while a student at **TEXAS ALLSTAR CHEER**, whether at or away from the training facility of **TEXAS ALLSTAR CHEER** (address set forth below - "training facility"). 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 throughout the year.

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 as a result of the Child's attendance at the training facility or as a result of the Child's participation in **TEXAS ALLSTAR CHEER** activities, 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 _____

_____ Date _____

4674 Priem Lane, Ste. 200
 Pflugerville, Texas 78660
 512-251-0034

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www.texasallstarcheer.com



TEXAS ALLSTAR CHEER
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Registration Card and Medical Information
FOR TAC TEAMS AND TUMBLING CLASSES

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 _____