



Athlete Information Sheet 2018-2019

Athlete's Legal Name: last: _____ first: _____

Athlete's Nickname (if any) nickname: _____

Mother's Name: last: _____ first: _____

Father's Name: last: _____ first: _____

Home Address: Street: _____

City & State: _____

Zip Code: _____

Mom's Cell: _____

Dad's Cell: _____

Athlete's Cell: _____

Other Phone: _____

Parent Email for Updates: _____ *** (Very important!)

Other Email for Updates: _____

The majority of our communication is through email. It is very important that we have a parent's email address. We do not sell or share email addresses!

Grade in '18-19: _____

Date of Birth: _____

Age on August 31, 2018: _____

Back Up Emergency Contact: Please list an emergency contact other than the information given above. This information will be used in the event that we are not able to contact the people listed above.

Back Up Emergency Contact Name: last: _____ first: _____

Back Up Emergency Contact Relationship: _____

Back Up Emergency Contact Cell Phone: _____

Allergies, Asthma, or other Health Issues:

How did you learn about Cheer Legendz?

Thank You!



Release of Liability & Authorization to Treat

I am the parent or legal guardian of the athlete named below ("my child"). My child has my full consent to participate in any Cheer Legendz, LLC (Cheer Legendz") program. I am aware that in cheerleading, dance, and tumbling, as in any sport involving height and motion, the possibility of serious and catastrophic injury is present. On behalf of my child, I voluntarily assume all risks of loss or injury that my child may sustain from participation in the Cheer Legendz programs. In consideration of my child being permitted to participate in the Cheer Legendz programs, I release and discharge Cheer Legendz and/or its owners, officers, directors, employees, agents, and personnel from any and all liability for any damage or injury which results from or arises out of my child's participation in the Cheer Legendz programs. I also agree to waive all claims that I or my child may have against Cheer Legendz and/or its owners, officers, directors, employees, agents, and personnel which results from or arises out of my; child's participation in the Cheer Legendz programs.

I further agree to indemnify and hold harmless Cheer Legendz, and/or its owners, officers, directors, employees, agents, and personnel from and against any and all demands, claims, costs (including attorneys' fees), and causes of actions arising, directly or indirectly, from my child's participation in the Cheer Legendz programs, including those liabilities which arise from the negligent acts and/or omission of Cheer Legendz, it's owners, officers, directors, employees and personnel.

I certify that the athlete named below has been evaluated by a physician and is physically capable of fully participating in the program in which she/he is enrolled. I grant permission to Cheer Legendz personnel to notify and authorize medical personnel to treat all injuries occurring on the premises. I acknowledge that I am responsible for paying for any medical treatment that my child may receive as a result of participation in Cheer Legendz programs.

I authorize Cheer Legendz to take, record, use, broadcast or publish photographs, videotape or audiotape of my child for any lawful purpose whatsoever, including the promotion and publicity of Cheer Legendz programs. I waive the right to approve the product or receive any royalties or proceeds from such materials.

I have carefully read this Release and Authorization, I fully understand its contents, and I am signing this of my own free will.

Athlete Name: _____

Parent Signature: _____ Date _____

Please Print: _____

Parent Address: _____

City, State, Zip: _____ Zip _____

Parent Phone: _____

Email Address: _____