

2019-2020 Annual Registration Form

Student's Name	Date of Birth	Current Age
Home Address	City	Zip Code
Parent Email:		Home Phone:
Mother's Name	Cell:	Work:
Father's Name	Cell:	Work:
Mother's Place of Employment	Father's Place of Employment	
Athlete's email	Athletes cell:	Athletes School/Grade
Emergency Contact:	Phone:	
Insurance Company:	Policy:	
Medical Conditions/Allergies		

MEDICAL TREATMENT AUTHORIZATION & LIABILITY RELEASE

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son _____, to participate in the activity of cheerleading and tumbling with Louisiana Cheer Force. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervising adult to obtain medical treatment, at my expense, for my daughter/son for such injury or illness during the activity, and I hereby hold Louisiana Cheer Force, its representatives and lessors harmless of the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious or catastrophic) in connection with her/his participation. I further understand that my daughter/son and I are assuming all risk and cost of such physical illness or injury by her/his representatives and lessors from any claims for personal illness or injury that my daughter/son may sustain during participation in this activity.

I further understand that Louisiana Cheer Force has established rules and regulations pertaining to conduct, safety, behavior and activities of all cheerleading/tumbling participants and parents, by which myself and my daughter/son must abide while she/he is a member of this cheerleading team/program and that my daughter/son and I will be responsible for our failure to abide by those rules and regulations. My daughter/son and I have read, understood and agree to all conditions set forth in the above medical treatment authorization and liability form.

Signature of Parent or Guardian if participant is under 18

Date

Signature of Participant (18 & up)

Date

OFFICE USE ONLY

Team: _____

Tryout Fee \$30 (New Athlete)
\$40 (Private tryout fee)

\$20 (Returning Competitive Member)

\$60 Registration Fee

