



For office use:	
Class/ Camp	Date Accepted

This form should be completed for each student our classes or camps. Students may not participate until this form is completed and accepted by our front desk.

Class Student Waiver/Release

Student's Name _____ Student's T-Shirt Size _____

Date of Birth ____ / ____ / ____ Student's School _____ Current Grade _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

MOM - Name _____ Cell (____) _____ Email _____

DAD - Name _____ Cell (____) _____ Email _____

In Case of Emergency Please Contact _____

Phone _____ Relationship to Student _____

Allergies _____ Previous Injuries _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Medical Insurance _____ Policy # _____

Other Special Notations _____

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son _____ to participate in the activity and/or activities of cheerleading, dancing and/or tumbling with/at Explosion Athletics Inc. I understand that these activities involve risk to the participant. I further acknowledge and understand that due to the nature of these activities, which may involve inversion and rotation of the body, as well as lifting and climbing of participants and staff, there is a possibility that my child may sustain physical illness or injury (minimal, serious, catastrophic, or death) in connection with her/his participation. Parents and participants must understand that no amount of matting, spotting, training, or excellent teaching can guarantee an injury free program.

I further acknowledge and understand that I, on behalf of my child, am assuming the risk of such physical illness or injury by her/his participation, and I further release Explosion Athletics Inc., and their representatives and staff from any claims for personal illness or injury that my child may sustain during participation in the activity/activities. In order that my child may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity/activities, and I am unable to be reached, I hereby authorize the Explosion Athletics Inc. staff or other supervising adult to obtain medical treatment for my child for such injury or illness during these activities, and hereby hold Explosion Athletics Inc., and their staff and representatives harmless in the exercise of this authority.

My child and I have read, understand and accept the above Medical Treatment Authorization and Liability Release and the assumption of risks and agree to these terms and conditions. My signature on this document acknowledges that my student is physically fit, participates in the activities on a voluntary basis, and understands the terms and conditions set forth by Explosion Athletics Inc.

Signature of Parent/Guardian (if Participant is Under 18)

Date

Signature of Participant (if Participant is OVER 18)

Date