

CHEER ZONE, INC. INFORMATION FORM

Athlete's Name: _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ ZIP _____

Telephone Number: () _____ Cell Number: _____

Parent's Name: _____

Email Address (Optional) _____

Name of School: _____ Current Grade: _____

In case of emergency, notify _____ Relationship _____

Home Phone: () _____ Day Phone: () _____

If this person cannot be reached, please contact: _____

Relationship: _____

Home Phone: () _____ Day Phone: () _____

THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION. Please answer questions below:

Please list allergies: _____

Please list allergies to medications: _____

Please list any medication which you are currently taking: _____

Please make any necessary comment concerning physical condition, restrictions, ect., if any:

INSURANCE INFORMATION: Please list names of insurance company that covers participant.

Name of Insurance Company: _____

Mailing Address: _____

City: _____ State: _____ ZIP _____

Name of Policy Holder: _____

Relationship of Participant: _____ Policy Number: _____

Please check here if the participant is **NOT** covered under an insurance policy. Please be aware that all bills will be sent directly to the parent or legal guardian.

MEDICAL TREATMENT AUTHORITY STATEMENT:

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son/ward to attend cheer/dance events as a member of Cheer Zone, Inc. I further acknowledge, understand and agree that in participating in these events there is possibility of physical injury by his/her participation. I assume full financial responsibility for such treatment. I hereby hold Cheer Zone, Inc., its coaches, agents or representatives, the Host Cheerleading center, University, College, School, Institution, and their representatives harmless.

PARENT/GAURDIAN'S SIGNATURE _____ DATE _____