

EMPIRE ELITE ALL-STARS REGISTRATION FORM

PARTICIPANT _____ Age _____ (as of 8/31/19)

School _____ Grade _____ Birth Date _____

Cell _____ Email _____

Lives with: Mother Father Both Legal Guardian – Relationship _____

MOTHER _____ Email _____

Home Phone _____ Cell _____ Work Phone _____

Address _____ City _____ Zip _____

FATHER _____ Email _____

Home Phone _____ Cell _____ Work Phone _____

Address _____ City _____ Zip _____

Emergency Contact _____ Home Phone _____ Cell _____

Child's Doctor _____ Phone _____

Insurance Company _____ Policy # _____

Medication Currently Taking _____

Allergies to medicines _____

Further medical information or learning disabilities _____
(example: speech delays, sensory processing disorder)

I, being fully aware of the risk and possibility of injury involved in cheerleading, tumbling and parkour, voluntarily consent to have my child participate in programs offered by Empire Elite. I agree to hold harmless and waive and release all rights and claims for damage that I or my child have against Empire Elite and its employees, whether paid or volunteer, now and in the future. I certify that my child is mentally and physically capable of participating in any class, performance, trip and/or event sponsored by Empire Elite. I grant permission for Empire Elite and its employees to seek medical treatment, and give permission for medical treatment in the event of an emergency/ injury to my child. I am the legal parent/guardian of the above named child.

Parent Printed Name _____

Parent Signature _____ Date _____

