

# Empire Elite All-Stars

## REGISTRATION FORM

PARTICIPANT \_\_\_\_\_ Age \_\_\_\_\_ (as of 8/31/18)

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, 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 \_\_\_\_\_