

PERSONAL INFORMATION

ATHLETE'S FIRST NAME _____

LAST NAME _____

STREET ADDRESS _____

CITY, STATE, AND ZIP _____

BIRTHDATE _____

AGE AS OF AUGUST 31, 2019 _____

GRADE (2019-2020) _____

ATHLETE'S PHONE _____

ATHLETE'S E-MAIL _____

MOTHER'S NAME _____

FATHER'S NAME _____

MOTHER'S PHONE _____

FATHER'S PHONE _____

MOTHER'S E-MAIL _____

FATHER'S E-MAIL _____

DESCRIBE ANY MEDICAL PROBLEMS/ALLERGIES/INJURIES:

Please list who the participant may be released to, in case of an emergency and the parents cannot be reached.

NAME _____ RELATION _____ CELL# _____

NAME _____ RELATION _____ CELL # _____

MEDICAL INSURANCE COMPANY _____ POLICY # _____

Treatment/Publicity/Liability Release

I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I acknowledge that the above participant must have his/her own Medical Insurance. I understand that cheerleading camps, competitions, practices, clinics and gymnastics equipment have an inherent danger in participation and that in spite of all precautions and accident preventatives, injuries do occur. I further acknowledge that each participant has elected to participate in Extreme Cheerleading, Inc. at their own risk and will not hold Extreme Cheerleading, Inc., employees and/or instructors liable for any and all injuries that may occur while participating in cheerleading and/or dance. The undersigned does hereby grant Extreme Cheerleading, Inc. and its successors the unrestricted right to use the undersigned's name, likeness, or appearance on any cheerleading or dance camp posters, calendars, photographs, tryout flyers, video material, film material, computer software, computer hardware, electronic online services or other similar promotional material in any form, content or medium to promote or market Extreme Cheerleading, Inc. The undersigned does hereby expressly release and waive any demand, action, claim, license, royalty, or other form of payment the undersigned, and his or her agents, representatives or assigns, may have based on claims of the undersigned as to rights of privacy, publicity, notoriety or any other rights arising out of or relating to any use by Extreme Cheerleading, Inc. of the undersigned's name, likeness, or appearance. I also understand that all fees are non-refundable.

(Participant if 18 or older) Parent's Signature: _____ Date: _____

OFFICE USE ONLY: TEAM _____



Dual Release of Liability Waiver

Name of child participant (if under 18): _____

Name of adult participant/parent: _____

I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks.

Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Extreme Cheerleading, Inc. (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any program activities of Extreme Cheerleading, Inc.

Participant signature (if over 18)

Minor Release

Name of Parent/Guardian

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf make such a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

Signature of Parent or Guardian

Date

CHEERLEADER / DANCE ACTIVITY SPONSOR LIABILITY RELEASE AND ASSUMPTION OF RISK

PLEASE READ CAREFULLY BEFORE SIGNING – IF YOU DO NOT FULLY ACCEPT THE CONDITIONS BELOW DO NOT PARTICIPATE IN THE ACTIVITY.

I/We acknowledge, jointly and severally, our child _____ (hereinafter referred to as "Participant"), desires to engage in and hereby does engage in the following cheerleading/dance activity, to wit: engaging in instruction and physical training as a cheerleader/dancer (the "Cheerleading/Dance Activity") through Extreme Cheerleading, Inc. ("ECI").

FOR AND IN CONSIDERATION of acceptance of the Participant to participate in the above activities, services, and fees paid and in consideration of the acceptance of the undersigned's child or ward, the receipt and sufficiency of which is hereby acknowledged, and with the express understanding that there are inherent hazards and risks inherent in participating and/or receiving instruction in such sports of cheerleading/dance, including, but not limited to, bodily injury, such as sprains, muscle damage, tendon and ligament damage, broken bones, loss of vision, brain damage, internal injuries, which may result in partial and/or total disability, paralysis and death. I/We still choose to permit the Participant to proceed with Cheerleading/Dance Activity in spite of the potential risks, previously mentioned, and that the mats, pits, and other safety equipment and apparatus provided for the Participant's protection, including the participation of a coach, teacher or other employee, who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury and the negligent acts of third parties. I/We also understand that Cheerleading/Dance is a physical strenuous activity and that the Participant will be exerting himself/herself during such activity, and that the Participant may be injured as a result of a heart attack, stroke, hyperventilation, etc. I/We represent that the Participant is not suffering from any physical or mental condition which may be aggravated by participating in the Cheerleading/Dance Activity; that the Participant is in good health; the Participant is not suffering from any heart or coronary disorder; and that the Participant is not currently under a physician's care for any disease or infirmity. **I/WE AGREE TO ASSUME ALL RISKS** incidental to such participation including, but not limited to, those risks set out above, on my/our behalf, on behalf of the Participant and on behalf of anyone claiming by or through Participant, and on behalf of his/her respective heirs, executors, administrators, successors and assigns, and **RELEASE** and forever and finally discharge, remise and acquit the ECI, Mandy Field and all of their related, affiliated and subsidiary companies, agents, employees, shareholders, officers, directors, successors and assigns (collectively the "Releases") of and from all manner of action and actions, cause and causes of action, injuries, death, property damage, loss of wages, loss of consortium, loss of profits, suit, liabilities, debts, dues, sums of money, bonds, billings, contracts, controversies, agreements, promises, damages, costs and expenses of any nature, variances, judgments, executions, claims and demands whatsoever, in law or in equity, which hereinafter may arise for or against the Releases or in any way connected with Participant's participation in the Cheerleading/Dance Activity and further agrees to indemnify and hold each of the Releases harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees (at the trial and appellate levels) and disbursements, resulting from or in any way arising from the Cheerleading/Dance Activity as stated above). **I/We understand that this Release and Indemnity Agreement includes any claims based on the negligence, actions, or inaction of any of the Releases, however caused and covers bodily injury and property damage, whether suffered by Participant during or after such participation. I/We understand that each Participant is responsible for his or her own personal health, medical, dental, chiropractic and accident insurance coverage. I/We further authorize medical treatment for Participant, at my/our cost, if the need arises.**

I/We hereby agree and covenant to forever refrain from instituting, filing, maintaining, pressing, collecting or in any way proceeding upon any and all claims, demands, debts, damages, injuries, actions or rights of action of any nature whatsoever, whether known or unknown, including such claims which I/we, now have against Releases (or any one of them) including, without limitation, any proceedings, affidavits, actions, complaints and claims of any kind that the undersigned may be entitled to initiate, file prosecute and maintain with any court, governmental agency, and other local, state, and federal agencies, for myself/ourselves or any other person including the general public, on account of, arising out of, based upon or in any manner connected to any facts, incident, act, omission or other matter occurring prior to the date of this Release.

I/We hereby willingly, knowingly, and expressly, waive any right to claim, assert or allege in any action or proceeding that I/we were induced to enter into this Agreement by any promise, statement of fact, warranty, representation, inducement, occurrence, promise, or condition (hereinafter collectively referred to as "Representations") by the ECI or its agents and representatives, which are not expressly set forth in this Agreement and all such Representations are merged herein.

I/WE FURTHER GRANT THE RELEASEES PARTIES THE RIGHT TO PHOTOGRAPH AND/OR VIDEOTAPE THE PARTICIPANT AND FURTHER USE THE PARTICIPANT'S NAME, FACE, LIKENESS, VOICE AND APPEARANCE IN CONNECTION WITH EXHIBITIONS, PUBLICITY, ADVERTISING AND PROMOTIONAL MATERIALS WITHOUT RESERVATION OR LIMITATION. THE RELEASEES ARE, HOWEVER, UNDER NO OBLIGATION TO EXERCISE SAID RIGHTS HEREIN GRANTED.

THIS DOCUMENT IS MEANT TO BE A BROAD, FULL AND COMPLETE RELEASE FROM ANY AND ALL LIABILITY THAT MAY ARISE FROM PARTICIPATING IN THE ABOVE DESCRIBED CHEERLEADING/DANCE ACTIVITY. THIS RELEASE IS GIVEN FREELY AND VOLUNTARILY BY THE PARTICIPANT AND IS MEANT TO REMAIN IN EXISTENCE THROUGHOUT THE DURATION OF THE CHEERLEADING/DANCE ACTIVITY.

I/WE HAVE FULLY INFORMED MYSELF/OURSELVES OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT.

Dated this the _____ day of _____, 20_____.

Participant's Signature

Parent/Legal Guardian (If Participant is a minor child)*

Parent/Legal Guardian (If Participant is a minor child)*

*Both parents/legal guardians must sign if Participant is a minor.

Concussion INFORMATION SHEET



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to or after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

➤ **Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____