



Date of Birth: \_\_\_\_\_ Cell: \_\_\_\_\_

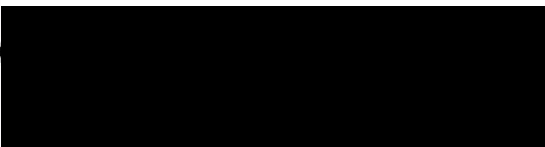
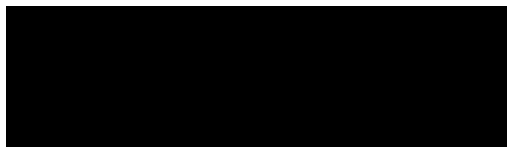
☐ \$265      Deposit # 1 (Due at First Practice).

☐ **\$300 Uniform:** Top( \$200), Skirt (\$70), Bow(\$30) (\* CHARGED IF NEEDED)  
Deposit # 3 Due September 1st, 2021

☐ \$190 Due: 11/1/21, 1/1/22 & 2/1/22

☐ \$99/Prep \$125/Limited per month June through April.

**Card Holder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Medical/Liability Release Form

Event Name/Date(s): 2021-2022 Season (June 2021-April 2022)

Athlete's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M F

Date of Birth: \_\_\_\_\_ Current School: \_\_\_\_\_

Parent(s)/Guardian Living with Cheerleader: \_\_\_\_\_

Parent Daytime Phone \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Parent E-Mail \_\_\_\_\_ ( most announcements are sent via email)

Referred by: \_\_\_\_\_ ( Please only list one.

## Authorization and Release

I authorize GymTrix Inc and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. I also give GymTrix Inc. permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to GymTrix instruction, practices, or performances. Exceptions to this authorization are as follows:

I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury, and I further agree to hold GymTrix and its staff and officers harmless for any injury or resulting expense(s). I release and discharge all rights and claims against GymTrix, Inc. GymTrix strives to provide the maximum in safety procedures and guidelines, and therefore, assumes no responsibility for any accidents or injuries that may occur.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list any physical/psychological limitations, injury, or weakness that may affect the athlete:

\_\_\_\_\_

Any medicines athlete is allergic to: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co./Policy # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

