

Spirit Champs

Registration Form 2018-2019

Students Name: _____

Address: _____

Age: _____ Birthdate: _____

Parents Name: _____

Phone: _____ Mobile: _____

Email: _____

Emergency Contact: _____

Phone: _____

Tumble/Cheer: _____ Tap/Ballet/Tumble: _____

Clogging Team: _____ Dance Team: _____ Cheer Team: _____

I, _____, give my child, _____, permission, to participate in all activities while attending Spirit Champs. I understand that in Cheer & Dance, as in all athletic endeavors, there is a real chance of serious injury and/or sickness to my child. I agree to hold harmless Spirit Champs, its officers and assigns, their employees, and all host facilities from any liability in the event of sickness and/or injury to my child.

I authorize Spirit Champs officers and employees to authorize transportation of my child to a licensed medical facility and/or hospital and to authorize emergency medical treatment to my child.

Signature of Legal Guardian: _____

Date: _____