

TRIAL CLASS Information

DATE _____

TYPE OF CLASS _____

Follow Up _____

Follow Up _____



Storm Allstars Cheer & Dance
 514 Corner Drive
 Brandon, FL 33569
 (813) 657-8676
 www.StormAllstarCheerleading.com
 Email: StormAllstars@verizon.net

STORM ALL STARS CHEER & DANCE - PARTICIPATION WAIVER

Participant's Name	Age	Birthdate	Home Phone	
Participant's Current School Grade:		Name of School:		
Street Address		City	ST	Zip
Mother's Name	Phone	Cell Phone		
Father's Name	Phone	Cell Phone		
Cheer History:		Email:		
Has the Student ever been seriously injured? NO If YES, please describe:				
In case of EMERGENCY, Please notify (IF PARENT CANNOT BE REACHED) Name			Phone	
How did you hear about us?				

By permitting my child to participate in the Storm All Stars Cheer & Dance program or Tumble Class (or by my participation) I understand the fact that participation in cheerleading and tumbling involves a certain degree of risk of injury to participant. I agree to assume such risk, and hereby release Storm All Stars Cheer & Dance, it's owners, employees, jointly and severally, from any and all personal injury claims arising through or from participation in activities as a student of Storm All Stars Cheer & Dance. I also understand that I am expected to carry accident and/or medical insurance on the above registered student and/or myself and that such insurance is not provided by Storm All Stars Cheer & Dance.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTOOD THE FOREGOING.

 Parent or Legal Guardian's Signature
 or Student's Signature if over 18
 Date _____

 Witnessed by Staff Member, Storm Allstars
 Date _____

Office Use Only

Signup Checklist

- Cheerleading Info Packet for file
- Tryout Waiver for file
- Copy Birth Certificate for file
- Copy of Signed Team Rules for file

Payments at Signup

- Registration
- Tuition Regular/Pro Rate
- Attire
- Total \$
- Cash check #