



2018-2019 COMPETITION TEAMS HALF SEASON REGISTRATION

Athlete Name: _____ Date of Birth: _____

Athlete Cell: (____) _____ Age as of August 31, 2018: _____

Address: _____ City/State/Zip: _____

Mother Name: _____ Mother Cell: (____) _____

Father Name: _____ Father Cell: (____) _____

Parent Email (to send payment receipts): _____

If new, who referred you to San Diego Show? _____

Previous cheer experience: _____

Please list any physical/psychological limitations, injuries, learning disability, or weakness that may affect the athlete.

(Listing "none" is OK. We have teams for all levels beginning through advanced)

<p><u>TUMBLING</u></p> <p><input type="checkbox"/> Lv-1 (No back handspring)</p> <p><input type="checkbox"/> Lv-2 (Back handspring)</p> <p><input type="checkbox"/> Lv-3 (Running back tuck)</p> <p><input type="checkbox"/> Lv-4 (Layout or standing tuck)</p> <p><input type="checkbox"/> Lv-5 (Full or double full)</p>	<p><u>STUNTS (flyers only)</u></p> <p><input type="checkbox"/> Lv-1 (Prep w/straight cradle)</p> <p><input type="checkbox"/> Lv-2 (Half-twist to extension)</p> <p><input type="checkbox"/> Lv-3 (Full-up to prep)</p> <p><input type="checkbox"/> Lv-4 (Full-up to extension)</p> <p><input type="checkbox"/> Lv-5 (Double down from single leg)</p>
<p><u>Clothing Sizes:</u></p> <p>T-shirt: <u>YXS YS YM YL AS AM AL</u></p> <p>Shorts: <u>YXS YS YM YL AS AM AL</u></p>	



Medical Authorization and Liability Release

EMERGENCY PROCEDURES: For minor injuries, San Diego Show policy is to call the parent/guardian on file and follow their directions. In the rare case of a more serious injury, San Diego Show policy is to first call 911, and then call the parent/guardian on file. If an injury occurs it is the responsibility of the parent to seek professional help. Each athlete must have his/her own medical insurance. After seeing a physician, please provide San Diego Show with an evaluation of the athlete's injury/status. A release from a doctor is required if a serious injury occurs.

EMERGENCY TREATMENT PRE-AUTHORIZATION: I authorize San Diego Show and its representatives to consent to medical treatment for my child. I also give San Diego Show 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 San Diego Show instruction, practices, or performances. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization.

MINOR INJURIES/MEDICATION: San Diego Show will provide bandages for minor scrapes and cuts. With written approval from parent listed above, San Diego Show will provide medications such as Tylenol, Advil, and Midol.

SAFETY PROCEDURES / LIABILITY RELEASE: San Diego Show strives to provide the maximum in safety procedures, guidelines, and enforcement, and therefore assumes no responsibility for any accidents or injuries that may occur. I am fully aware that any activity involving motion, height, athletic activity, and/or gymnastic equipment (i.e. Tumbler-Trak, trampoline, etc) creates the possibility of serious injury, and I further agree to hold San Diego Show and its staff and officers harmless for any injury or resulting expenses. I release and discharge all rights and claims against San Diego Show and its parties.

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

Any medicines allergic to: _____ Insurance Carrier: _____
Policy Number: _____ Parent/
Guardian signature: _____ Date: _____



Competition Schedule

COMPETITION DATE	LOCATION
March 10	Knotts berry Farm
March 17	Bolsa Grande High School

Practice Schedule

TEAM	PRACTICE DAYS	PRATICE TIMES
Seniors	Saturday	TBD
Juniors	Saturday	TBD
Youth	Saturday	TBD
Tinies	Saturday	TBD