

MIDWEST CHEER ELITE

ATHLETE INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: _____

DOB & AGE (as of Aug. 31st, 2018)

Athlete Cell Phone Number:

Athlete Email:

Athlete Social Media

Accounts _____

REGISTRATION AND RELEASE FORM

PARENT INFORMATION

Mom: _____

Address: _____

City: _____ State: _____ Zip: _____

MOM Cell: _____

MOM Email: _____

Dad: _____

Address: _____

City: _____ State: _____ Zip: _____

DAD Cell: _____

DAD Email: _____

Name _____ **Team** _____

Medical Information:

Please list any physical/psychological limitations, health conditions, injuries, or weakness that may affect the athlete's participation/performance:

Allergies: _____ Insurance Carrier: _____

Medications: _____ Policy Number: _____

Emergency Contact: _____ Relation: _____

Midwest Cheer Elite Columbus

ASSUMPTION OF RISK- WIAVER OF LIABILITY- MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height and motion. These activities include, but are not limited to, gymnastics, tumbling, trampoline, dance, cheerleading, and fitness. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Midwest Cheer Elite Columbus programs and

activities and I ACCEPT ALL RISKS associated with this participation. In consideration for me or my child(ren)'s participation, I hereby, for myself and my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Midwest Cheer Elite Columbus, owner Amy Faulkner, and any other employees, heirs, volunteers, subcontractors, and assigns from all liability resulting in damages or injuries incurred as a result of participation including those resulting from negligence.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Midwest Cheer Elite Columbus and any of its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by me or my child(ren) as a result of any injury sustained while participating at or for Midwest Cheer Elite Columbus.

I have read and fully understand this ASSUMPTION OF RSK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent/Legal Guardian Signature: _____

Parent Legal Guardian Printed Name: _____

Date: _____

Photos or videos may be occasionally taken of class participants. Midwest Cheer Elite Columbus is free to use such photos in marketing publications without compensation to you.

Yes: _____ No: _____

Parent/Legal Guardian Signature: _____

Date: _____