

Check all that apply:

<input type="checkbox"/> All Star Cheer	<input type="checkbox"/> All Star Dance
<input type="checkbox"/> Trial Class	<input type="checkbox"/> Class
<input type="checkbox"/> Private Lesson	<input type="checkbox"/> Gym Rental
<input type="checkbox"/> Misc. _____	



CAPITAL CHEER ELITE
ALLSTAR ACADEMY
 35 Commerce Way, Suite 2
 Dover, DE 19904
 302-674-2232 or info@capitalcheerelite.com
 www.capitalcheerelite.com

For Office Use Only:

Team / Class: _____
Registration Date: _____
Payment Method: _____
Payment Amount: _____

WAI VER AND RELEASE FORM

ATHLETE INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Gender: M F DOB: ____ / ____ / ____
 Social Security # (if 18 or older): _____
 Cell Phone #: _____
 Email: _____
 Facebook: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: _____
 Cell Phone #: _____
 Work Phone #: _____
 Email: _____
 Parent/Guardian 2: _____
 Cell Phone #: _____
 Work Phone #: _____
 Email: _____

MEDICAL INFORMATION

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

Allergies: _____
 Medications (list all): _____
 Emergency Contact: _____ Relation: _____

Insurance Carrier: _____
 Policy #: _____
 Parent Social Security #: _____
 Athlete's Physician Info.: _____

CAPITAL CHEER ELITE ALLSTAR ACADEMY (hereinafter referred to as "CCE") WAIVER AND RELEASE FORM

The above athlete (print name here) _____ is hereby permitted to participate in activities provided by CCE, including, but not limited to: all aspects of cheerleading, tumbling, trampolining, and dance training and/or competition. I fully acknowledge that any activity being conducted/coached creates the possibility of serious injury and/or death. CCE, its coaches, and other staff members, shall not accept responsibility for injuries sustained by any athlete during the course of tumbling, cheerleading instruction, open workouts, or in the course of any competition, or clinic in which the athlete(s) may participate including traveling to or from any events or competitions. The undersigned understands that staff members are not physicians or medical practitioners. With that in mind, the undersigned hereby gives permission for CCE staff to render first aid to the above athlete in the event of any injury or illness and, if deemed necessary by the staff at CCE, in the event of an emergency requiring medical treatment, the undersigned hereby authorizes CCE to take the above named athlete to a qualified medical or hospital facility for care and/or treatment either a CCE staff member or an ambulance. With the above in mind, and being fully aware of the risks and possibility of injury in order to have my athlete participate in the program offered. I further agree to waive all rights and claims for damages that I or my athlete may have against CCE or its representatives, whether said representatives are paid or volunteer. I also affirm that I do not have, and will continue to provide, proper hospital health and accident insurance coverage, which I consider adequate for other athlete's/athletes' protection, and my own protection. I also understand that it is the parent's responsibility to inform the athlete(s) according to what the parent feels is appropriate. CCE will only inform the athlete through his/her messages, our teaching style and progressions.

This Waiver and Release is intended to be binding upon the athlete, his/her heirs, assignees, successor in interest, and anyone claiming by or through her. This Waiver and Release includes, but is not limited to: any claims of negligence, dangerous condition, latent defect, premises liability, code of conduct, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous conditions. It is intended to be as broad as permitted under Delaware Law.

The undersigned attests that all information given is factual and certifies that the athlete is in good health and may participate in any CCE related activities.

Athlete Name (Print): _____
 Athlete Signature: _____
 Date: _____

CCE Office Representative: _____
 Signature of Above: _____
 Date: _____

Parent/Guardian Name (Print): _____
 Parent/Guardian Signature: _____
 Date: _____