



CHEERSPORT ACADEMY

MEDICAL TREATMENT AUTHORIZATION & LIABILITY RELEASE

I, the undersigned parent/guardian, do hereby grand permission for my daughter/son, _____, to participate in the activity of cheerleading and tumbling with Cheersport Academy. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the cheerleading coach or other supervising adult to obtain medical treatment, at my expense, for my daughter/son for such injury or illness during the activity, and I hereby hold Cheersport Academy, its representatives and lessors harmless of the exercise of authority. I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious or catastrophic) in connection with her/his participation. I further understand that my daughter/son and I are assuming all risk and cost of such physical illness or injury by her/his representatives and lessors from any claims for personal illness or injury that my daughter/son may sustain during participation in this activity.

I further understand that Cheersport Academy has established rules and regulations pertaining to conduct, safety, behavior and activities of all cheerleading/tumbling participants and parents, by which myself and my daughter/son must abide while she/he is a member of this cheerleading team/program and that my daughter/son and I will be responsible for our failure to abide by those rules and regulations.

My daughter/son and I have read, understood and agree to all conditions set forth in the above medical treatment authorization and liability form.

Signature of Parent or Guardian if participant is under 18 _____ Date _____
Signature of Participant _____ Date _____
Child's Name _____ Age _____
School _____ Grade _____
Parent/Guardian Name(s) _____
Address _____
Home Phone # _____ Mom Cell # _____
Dad Cell # _____ Work # _____
Child's Cell # _____
Health Insurance Provider _____ Policy # _____
Email Address _____

LAST NAME _____
FIRST NAME _____
MI _____

OFFICE USE ONLY: Date: _____ CLASS ENROLLED IN:
REGISTRATION FEE \$50 PAID (_____ ck#/ _____ cash) SUMMER CAMP 2016