



Date: \_\_\_\_\_

Class: \_\_\_\_\_

## REGISTRATION FORM

Athlete's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M or F Athletes' Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Emergency Contact: Yes No

Mother's Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Emergency Contact: Yes No

Father's Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(Emails are pertinent in order to create account, receive updates, closings, etc. Please add all emails in which you wish to receive information)

Medical alerts/allergies: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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### WAIVER AND AGREEMENT TO TERMS AND CONDITIONS

The coaches and instructors of Cheer Force One are safety conscious and follow safety procedures as prescribed by USASF (United States All-Star Federation). I, the undersigned, parent/guardian of \_\_\_\_\_, understand that participating in any activities at Cheer Force One or any other affiliated events with Cheer Force One, comes with certain degree of risk of injuries to the athlete. I agree to assume all risk and hereby release Cheer Force One and any of its owners, officers, directors, shareholders, employees, contractors and volunteers from any and all liabilities. I understand that all medical expenses are sole responsibility of the athlete or the athlete's family. Cheer Force One expects all athletes to carry their own medical insurance, which is not provided by Cheer Force One.

I also give permission to Cheer Force One and any other affiliated approved third parties the right to film, photograph, alter photographs or videotape the athlete. I give Cheer Force One all rights to use any videotapes, photographs, and/or publications of the athlete in any promotional usage and/or any other means, without compensation.

### MEDICAL RELEASE

In the event of an injury, every effort will be made to contact parents or guardians. I hereby authorize and give consent to any approved staff members of Cheer Force One to take whatever action necessary for any medical treatment when parent/guardian cannot be reached. I understand that by signing this form that Cheer Force One is not liable for any injuries incurred during competitions, practices, classes, events, and/or anywhere upon the premises of Cheer Force One. I have disclosed all medical or physical information on the athlete mentioned above. I certify that the named individual is physically capable and able to fulfill their requirements needed to be an athlete at Cheer Force One.

Parent /Guardian Name \_\_\_\_\_

Please Print

Signature \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND AGREEMENTS.