

# Texas RockStars 2016-2017 Registration Form

Athlete's Name \_\_\_\_\_ New

Team \_\_\_\_\_

Age (on Aug. 31, 2016) \_\_\_\_\_ DOB (mm/dd/yy) \_\_\_\_\_ Grade  
(2016-17) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Contact Phone #** \_\_\_\_\_

If calls are necessary, we will call the primary contact phone number first (usually the mother).

**Primary Contact E-mail Address** \_\_\_\_\_

The primary e-mail address will be part of our **E-mail Update List**. Team updates will be sent to this e-mail.

## Parent/Legal Guardian Contact Information

Circle e-mail below to add to the E-mail Update List. The work phone number below is only for emergencies.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Emergency contacts if parents/legal guardians cannot be reached.

Emergency contact name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

I affirm that the above information is correct.

Parent/Legal Guardian  
(Signature) \_\_\_\_\_ Date \_\_\_\_\_

02/27/2016

### Medical Release, Treatment Consent, and Medical Information Form

I certify that \_\_\_\_\_ (child's name) is physically capable and able to participate in tumbling, stunting, cheerleading, dance and other physical activities at Texas RockStars. I understand that there is personal risk involved in any activity that requires cheerleading-related activities and could result in serious injury or even death. I assume full medical responsibility for my child while involved in activities at Texas RockStars. I release Texas RockStars and Starlight Studio from any liability for injuries incurred while participating in activities at Texas RockStars or at Starlight Studio's facilities or at any Texas RockStars' activities at other facilities. **If there is any physical or medical reason why my child should not participate fully, Texas RockStars requires a doctor's release.**

If an emergency occurs while my child is at a Texas RockStars sponsored practice, performance, competition or trip, I grant my permission to Texas RockStars and its employees to take whatever action is necessary if I cannot be reached immediately. If I or my designated emergency contact persons cannot be reached, I authorize Texas RockStars or Starlight Studio and/or its employees to give consent for my child to receive medical treatment.

If you do not grant permission or authorize consent for medical treatment for your child, what procedure should be followed?

\_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

#### Medical Information (please circle)

Diabetes	yes	no	Convulsion disorder	yes	no	Allergic to insect stings
yes	no					
Heart condition or disease	yes	no	Asthma	yes	no	Allergic to medication
yes	no					

Please list any medication taken daily and any other relevant medical information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian  
(Signature) \_\_\_\_\_ Date \_\_\_\_\_

### Photography Release

As the parent or legal guardian of \_\_\_\_\_, I give Texas RockStars and Starlight Studio permission to use my child's photo on Texas RockStars' or Starlight Studio's websites and Facebook pages. The athlete will not be identified by name in the photo without permission from the parent/guardian.

Parent/Legal Guardian  
(Signature)

Date

02/27/16