

Blueprint All ~ Stars Tryout

Consent Form

I, _____ (Athlete) and I, _____ (parent or legal guardian) of the above-named athlete do hereby permit the athlete to participate in tumbling, cheerleading, dance or any other physical activities while an athlete with Blueprint All ~ Stars hereafter referred to as "BPA". By granting permission for my athlete to participate in programs at BPA, I assume full responsibility for athlete's personal safety and release BPA, its directors, coaches, and other employees from any and all liabilities that may arise due to an injury, including death to my athlete by reason of athlete's participation in any activity at BPA or in which BPA is participating elsewhere.

- I further attest and acknowledge that my athlete is in good health and is physically able to participate in all activities including clinics, camps, and other gym related events offered by BPA. I understand there is personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability or death. I authorize BPA and its staff to take whatever action necessary in the event of an emergency involving my athlete while at or with BPA. If I cannot be reached, I hereby authorize BPA and its staff to give consent for the above-named athlete to receive medical treatment.
- I authorize BPA to use photographs, video, and/or other likenesses of my child for use in its promotional materials or sales and waive any rights of compensation or ownership. I understand all payments including tuition and fees are due by the 1st of each month. Checks will no longer be accepted in the event of two checks written for my athlete are returned by the banking institution. I understand BPA does not refund payments of ANY KIND including tuition, fees, and fundraising monies, for ANY REASON; unless an athlete has a season-ending injury supported by a doctor's statement, which will be required.

I have read, understand and execute this release form and policy acknowledgment.

Athletes Name:	Date of Birth:	Age as of 08/2018:
2018-2019 School Year	School Attending	

Parent/Guardian Name:	
Address:	
City, State:	Zip:
Email:	Phone:

Parent/Guardian Signature

Date

Athletes Level:

1	2	3	4	5

Asthmatic:	Yes	No
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**If yes is selected please be sure to send your athletes asthma pump to every practice and cheer event.*

**Tryout FEE
Due at Tryouts**

**Dance
50.00**

**Returning Athletes
45.00**