

For Office Use:

Registration Pd: \_\_\_\_\_

1<sup>st</sup> Month Tuition Pd: \_\_\_\_\_

# Central Cheer Athletics LLC

## 2011-2012 Registration Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Contact Info: Cell \_\_\_\_\_ Alt.: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Address (if different): \_\_\_\_\_

Father's Contact Info: Cell \_\_\_\_\_ Alt.: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Emergency Contact (closest contact other than parent: \_\_\_\_\_ # \_\_\_\_\_

Years Experience: \_\_\_\_\_ Check if your child is able to:  front roll

(Cheer or Tumbling)  cartwheel  round off  back handspring

**Medical Treatment Authorization & Liability Release** I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health and in proper physical condition to participate in such activity. In order that my child may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in these activities, I hereby authorize the coach or other supervising adult to obtain medical treatment, at my expense, for my daughter/son for such injury or illness during these activities, and I hereby hold Central Cheer Athletics, LLC. its representative and lessors harmless of the exercise of authority. I acknowledge and understand that due to the nature of these activities, 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 personal illness or injury that my daughter/son may sustain during participation in these activities. I further understand that Central Cheer Athletics, LLC. has established rules and regulations pertaining to conduct, safety, behavior and activities of all participants and parents, by which myself and my daughter/son must abide while she/he is a member of this program and that my daughter/son and I will be responsible for our failure to abide by those rules and regulations. My daughters/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

\_\_\_\_\_  
Date

**Debit/Credit Card Information: This information will only be used in the event of non-payment.**

Name: \_\_\_\_\_ No. \_\_\_\_\_

Exp. \_\_\_\_\_ Security Code: \_\_\_\_\_