



# Cheer Revolution All Stars

2500 West 84<sup>th</sup> Street, Hialeah, FL 33016-5757 – (305) 557-0385

## Registration Form

Today's Date:					
<b>CHEERLEADER'S INFORMATION</b>					
Cheerleader's last name:		First:	Middle:	Grade completed as of 06/2011:	
Primary Team:		Secondary Team (optional):		Birth date:	Age:
Street address:			City/State:		Zip Code:
Mother's Name:	Mother's Email:		Mother's Cell Phone #:	Home telephone no.: ( ) -	
Father's Name:	Father's Email:		Best Form of Contact: (Email/Father's Cell Phone/Mother's Cell Phone/House)		

<b>IN CASE OF EMERGENCY</b>				
Name of local friend or relative (not living at same address):		Relationship to Cheerleader:	Home phone no.:	Cell phone no.:

Today's Date:	
<b>CHEERLEADER'S MEDICAL HISTORY</b>	
If there are any medical condition(s) that may affect your child's behavior during physical activity, please notify Cheer Revolution in the space provided below:	

<b>INSURANCE INFORMATION</b>		
Insurance Company:	Policy #:	Insurance Company's Phone #:

- Registration isn't complete until all fees and paperwork are received at the Cheer Revolution All Stars office.
- Once payment is received and processed, there will be no refunds.
- Insufficient funds will entail a \$30 penalty fee.
- Current forms of paying are checks or cash.
- I authorize that the information I have given is to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## MEDICAL WAIVER

2011-2012

Athletes Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Child SS #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Any medications allergic to: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned Parent/Guardian do hereby give consent to my son/daughter to participate in the training and activities provided to the Cheer Revolution program. I am fully aware of the nature of the activities involved and the possibility of injury and/or death, which may arise from such activities. In case of illness, injury and/or death that may arise directly or indirectly as a result of participation and/or travel to or from the activity or training (i.e. clinic, camp, out of town activities or events), I do hereby grant my permission to the Cheer Revolution program to seek immediate treatment for my child should he/she be injured. I hereby release the Cheer Revolution program, including its officers, shareholders, agents, coaches, and employees from any liability to the above named participant, or any person claiming through him/her, arising from injury to the person or property of the above-named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under Florida law. In the even of any activities that are locally or nationally televised, I give the Cheer Revolution program the right and permission to film, photograph, or videotape my son/daughter for any reproductions associated or in any way connected with said televised events, in particular, for any use in any promotional purpose.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name and Date

\_\_\_\_\_  
Date