

## Cheer Registration & Medical Release Form

| Name:   | Birth Date:   |   |
|---|---|---|
| Address:  |   |   |
| Parent/Guardian Name:   |   |   |
| Email Address:  |   |   |
| Home Phone #  | Cell Phone #  |   |
| Other Siblings in program   |   |   |
| Please state any Medical/Personal Issues: Insurance Co: Consent and Insurance Waiver:   | Policy #:   |   |
| Consent and Insurance Waiver:   | 1 0110y 11  |   |
| I the parent/guardian for the above name all activities. I assume all risks and hazard the activities: and I do hereby waive, release. LLC. The organizers, sponsors, supervisors activities, any claims arising out of any inj Phoenix Allstars LLC. | ds incidental to such participation ase, absolve, indemnify and agree s, participants, and persons transp | including transportation to and from to hold harmless the Phoenix Allstars orting my/our child to or from |
| Photo Release: I give my permission to ha promotional materials   | ve any pictures or videos of my ch  | nild used on our website and or   |
| I\We the undersigned herby certify that I the staff of the Phoenix All-Stars LLC., to s injury, or illness. I (we) will be responsible  | seek appropriate medical treatme  | nt for my child in the event of accident,   |
| I/We, the undersigned for ourselves and a<br>that cheerleading is an active, physical spe<br>child is physically fit and mentally capable   | ort, and that injuries can occur, ar  | nd we hereby acknowledge that our   |
| I/We also understand that it is my/our reshe/she is fully capable of engaging in this such a sport.   | •   |   |
| By Signing below, you agree to the Conse  | nt and Insurance Waiver.  |   |
| Parent/Guardian Signature   | Da  | te  |