

## **REGISTRATION**

Participant's Name:	Birth date:	Age
Team/School:		
Parent/Gardian Name/s		
Home Address:		
City:	State:	Zip:
E-mail address:	Phone Work Phone ONE PER PARTICIPANT: make	
Home Phone	All Phone Work	
In case of emergency notify:	Phone	
Lightith Agreement & Lightith	nione	
nediin Agreemeni & Liabiiii	<b>y Release Fortti</b> (ONE PER PARTICIPANT: make	copies as needed)
couches/sponsors. An participants and mente	gai gadialattitusi complete itiis toitti.	
	s MANDATORY for participation. Please read it carefully a	
	require parental consent but still need this completed fo	rm on file.
MEDIA RELEASE		
	ess of the participant named above in photographs or v	ideotapes
promoting CHEER MANIA, its services, and its m		
-	orous athletic activity and may include stunts, pyramids,	
	e wish to inform you that the possibility of injury does exist	
,	at your son or daughter is physically fit to participate in th se the safety or well being of the individual or any other	•
	y exists and my signature on this form release CHEER MA	
staff, or sponsors from any liability in the event t		INIA, ELC., ITIC CVCITI TIOSI,
	inder treatment for a medical condition? Yes No	
If yes, please describe:		
Has the participant been under treatment for a	medical condition in the past? Yes No	
If yes, please describe:		
List all medications the participant is currently to	aking:	
List any known allergies:		
	erate with all staff and officials and will follow instructions	
	that failure to obey the rules of the event and instruction:	
	vent without reimbursement of fees. As a participant, I u	
	pon my request and at my own free will without any coe	ercion, duress, or
intimidation of any sort.	- 1 to the control of	
	nt in its entirety and understand the caution statements of	
	ials to seek treatment/transportation to hospital (if neces ent and also authorize the physician and/or hospital neal	
	child. I authorize payment for treatment, either personall	
	nation about the risk of vigorous athletic activity and agre	•
	n the event of such an injury. The participant is in good h	
capable of participating in the event.	The event of each armijary, the participant is in good to	odin'i di la priyolodily
	th. If it is not paid by the 10th of the month, you will	
	ate fee. We have a drop box available at the reception desl	ζ.
	one month in tuition may be dismissed from class.	
**There are no refunds or credits given for misse	ed classes.	
**There will be a \$25.00 charge on all returned of	checks.	
WITHDRAWAL POLICY		
	be given to the office by the 15th day of the month prior to	
	E.g. Notice must be received by May 15 in order to withdra ntinue to be enrolled and tuition will be due by the 1st day	
next month. Official withdrawal forms are at the t		or trie
PARTICIPANT'S SIGNATURE:	Date:	
PARENT / GUARDIAN SIGNATURE:	DATE:	
HEALTH INSURANCE CARRIER:	POLICY :	#: