



2010 Camp Registration Form

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ DATE OF BIRTH _____

SCHOOL NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

GRADE _____ E-MAIL ADDRESS _____

EXTRACURRICULAR ACTIVITIES _____

MOTHER'S NAME _____

WORK PHONE _____ EMERGENCY PHONE _____

FATHER'S NAME _____

WORK PHONE _____ EMERGENCY PHONE _____

REFERRED BY _____

TUMBLE: \$175, Mon.-Thu. 9:00 - 5:00

FLIGHT: \$125, 2 days 9:00 - 1:00

Choose all that apply!

I will attend the following session:

<p>TUMBLE CAMPS</p> <p><input type="checkbox"/> June 14-17</p> <p><input type="checkbox"/> June 21-24</p> <p><input type="checkbox"/> July 12-15</p> <p><input type="checkbox"/> July 26-29</p> <p><input type="checkbox"/> August 9-12</p>	<p>FLIGHT CAMPS</p> <p><input type="checkbox"/> June 28 & 29</p> <p><input type="checkbox"/> July 19 & 20</p>
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CCA Use Only
AMOUNT PAID _____
DATE PAID _____
RECEIVED BY _____

Agreement Of Liability

Medical Treatment, Liability Release, and Appearance Agreement

An Agreement of Compliance must be signed by each participant on the team in order for him/her to participate on a Cheer Carolina All-Stars, Inc. team or in a Cheer Carolina All-Stars, Inc. event. *Please photo copy and retain for your records.*

Participant's Name _____ Grade _____ Age _____

Date of Birth _____ Social Security Number _____

Event Attending _____ Event Dates _____

School/Organization he/she Represents _____

Medical History of Participants-Please provide details for all that apply.

Allergies _____ High blood pressure _____

Asthma _____ Recurring sore throat/ear infection _____

Convulsions _____ Medications currently taking _____

Diabetes _____ Pre-existing injury currently under treatment _____

Migraine headaches _____ Medical conditions currently under treatment _____

Heart trouble _____ Abnormal/irregular menstrual cycle _____

Contact lenses _____ Epilepsy/fainting spells _____

Mental disorders _____ Other _____

Daily Medications and Schedule _____

I, _____, understand that I must be in compliance with all Cheer Carolina All-Stars, Inc. event regulations to perform/participate in the above mentioned Cheer Carolina All-Stars, Inc. event. I also understand that any violation of this agreement may result in removal /disqualification of the team(s) or individuals involved.

WAIVER OF LIABILITY

Advisor/Coach/Director: The following release must be signed by each participant's parent or guardian.

A. I understand that by taking part in the above Cheer Carolina All-Stars, Inc. event, there is a possibility of injury or sickness to my son/daughter. I do hereby grant permission to hospital staff members to administer immediate medical treatment to my child should he/she be injured.

B. Cheer Carolina All-Stars shall not be liable for injuries which occur to participants in its program. All participants are aware of the potential for injuries to occur during physical activities conducted through Cheer Carolina All-Stars, and each participant voluntarily assumes this risk of injury

C. I also agree not to hold liable Cheer Carolina All-Stars, Inc., the event facility, practice facility, the official hotels, and any support staff for any injury as a result of my son's/daughter's participation in the above mentioned event.

D. I give Cheer Carolina All-Stars, Inc. the right and permission to film, photograph, or video tape my son/daughter for any reproduction associated in any way connected with said televised or filmed event; in particular, reproduction for use in any form of advertisement for Cheer Carolina All-Stars, Inc. promotional purposes.

Insurance Carrier _____

Phone () _____ Policy/Group Number _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Parent's Signature _____ **Date Signed** _____