



## 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 \_\_\_\_\_

**REGISTRATION FEE \$65.00**

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** \_\_\_\_\_