

CHAMPION CHEERNASTICS

Annual Registration Form

Students Name:	Date of Birth
Home Address: City:	Zip Code:
Medical Conditions / Allergies:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Mother's Name:	Cell:
Father's Name:	Cell:
Billing Email:	
Emergency Contact: (Other than parent)	Cell:
Student lives with Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
Do you cheer for your school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
I want to be placed on: <input type="checkbox"/> Novice <input type="checkbox"/> Prep <input type="checkbox"/> Elite	<input type="checkbox"/> Either Prep or Elite

By signing this document, you are waiving certain legal rights. Please read this document carefully before signing.

I, _____, (Releasor) the parent or legal guardian of the above named student hereafter referred to as (Student) do hereby permit the Student to participate in programs, tumbling, cheerleading, competitions or any other physical activities while a student at Champion Cheernastics LLC hereinafter referred to as CCA. By granting permission for student to participate in programs at CCA, I assume full responsibility for student's personal safety and release CCA, its supervisors and employees from any and all liabilities that may arise due to any injury including death to student by reason of student's participation in any activity at CCA.

I understand there is personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability or death.

I declare that Student has been seen by a physician and is cleared to participate in physical activities.

I authorize CCA to use photographs, video and/or other likenesses of Student for use in CCA promotional materials and sales, and waive any rights of compensation or ownership thereto.

I understand that my deposit of \$300 is due on or before May 28th.

I understand that each month's tuition and fees is required to be paid in full at the beginning of each month or on a date that is mutually agreed on by myself and CCA.

I understand that I must notify CCA in writing (withdrawal form) one month prior to dropping any activity at CCA and that all tuition and fees up to the drop date must be paid in full.

Signature _____ Date _____