



## Cheer South All-Stars, Inc. Class Registration Form



The medical treatment, liability release, and appearance agreement form must be read and signed by each participant and parent to participate at a Cheer South All-Stars, Inc. class or event. ALL QUESTIONS MUST BE COMPLETED.

**General Information:**

Participants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Male / Female (circle one)      Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Home Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Parent's Email Address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical History of Participant:**

Known Allergies: \_\_\_\_\_  
 Previous Injuries: \_\_\_\_\_  
 Other Medical Problems: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Prescribed Medication: \_\_\_\_\_

**PLEASE CHECK THE CLASS THAT YOU ARE REGISTERING FOR:  
(Classes are offered in 4-week sessions)**

- |  |  |
|--|--|
| <input type="checkbox"/> Cheer Fundamentals & Basic Tumbling<br><input type="checkbox"/> Intermediate Tumbling<br><input type="checkbox"/> Advanced Tumbling<br><input type="checkbox"/> Tumbling Private Coaching | <input type="checkbox"/> Stunt Clinic Group/Team<br><input type="checkbox"/> Coed stunting<br><input type="checkbox"/> Cheer Camp Clinic (1/2 or full day)<br><input type="checkbox"/> Other (Birthday Party/Parent's Night Out) |
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**Parental Consent for Participation:**

- A. We/I understand that by taking part in any Cheer South All-Stars, Inc. class, event or camp, there is a possibility of injury or sickness to my daughter or son. I do hereby grant permission to hospital staff members to administer immediate treatment to my child should she/he be injured.
- B. We/I hereby waiver, release, absolve indemnity, and agree to hold harmless Cheer South All-Stars, Inc. and its staff in the event of injury to our/my participant during any class/event for claims arising out of any injury by participating during the class/event schedule.
- C. We/I will be responsible for some type of medical insurance coverage, as it is a Cheer South All-Stars, Inc. requirement and provide the needed information on the front/top of this registration form.
- D. We/I give Cheer South All-Stars, Inc. the unencumbered right to film, photograph, or video tape my daughter/son or me (parent) for any reproductions associated or in any way connected with said televised or filmed event; in particular, reproduction for use in any form of advertisement for Cheer South All-Stars, Inc. promotional purposes.
- E. We/I will be responsible for my child, participant, complying with the discipline policies and procedures for Cheer South All-Stars, Inc. We/I understand that if my child, participant, does not follow these guidelines; an immediate dismissal may be the result.
- F. **Refund Policy:** It is the policy of Cheer South All-Stars, Inc. to provide a refund before the first day of scheduled class or event. **No Refunds of fees are given after the first day of a scheduled class/event.** If the participant signs up and participates after the first day of class/event, no refund of fees will be given.

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Session Date(s): \_\_\_\_\_ Day Attending: **Mon. Tue. Wed. Thur. Fri. Sat.**  
 Class/Event Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Payment Type: \_\_\_\_\_ Cash      \_\_\_\_\_ Check (# \_\_\_\_\_)      \_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard