Gym Tech Cheer Registration Form

| Name of Student: | | Date of Birth: | | Sex: M or F | |
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| Name of Student: | Date of B | irth: | Age: | Sex: M or F | |
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| Address: | City: | | State: | Zip: | |
| Home Phone: | | (opt.) Student Email: | | • | |
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| Mother's First Name: | M.I. | Last Name: | | | |
| Occupation Title: | Work: (|) - | Alt: (|) - | |
| Email: | | | | | |
| | | | | | |
| Father's First Name: | M.I. | Last Name: | | | |
| Occupation Title: | Work: (|) - | Alt:(|) - | |
| Email: | | | | | |
| | | | | | |
| Company: | Bus: (|) - | Fax: () | - | |
| Address: | City: | | State: | Zip: | |
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| Emergency Contact: | Phone #: | () - | Relationsh | ip: | |
| Alternate Contact: | Phone #: | | | | |
| Thomas π , γ Relationship. | | | | | |
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| Family Physician: | | Dhono #: / | 1 | | |
| Family Physician: | | Phone #: () - Health Insurance Policy# | | | |
| Health Insurance Company: | riediui Ilisurdiice Policy# | | | | |
| Restrictions/Medical Conditions Affecting Participation: | | | | | |
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| ign Up Date: Class: | | | | | |
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Emergency Medical Authorization/Waiver

I fully understand that Gym Tech Cheer staff members are not physicians or medical practitioners of any kind. With the above in mind, If I cannot be reached in the event of an accident or emergency, I hereby release the Gym Tech Cheer staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Gym Tech Cheer staff to call our doctor and to seek medical help, including transportation by a Gym Tech Cheer staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Gym Tech staff deem this to be necessary.

| Parent/Guardian Signature: | Date: |
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| aware of the risks and hazards associated wit cheerleading, and dance. Students may suffer i | obligation to make our students and their parents h the sport of gymnastics, trampoline, tumbling, njuries, possibly minor, serious, or catastrophic ir eerleading, and dance can be dangerous and car |
| follow all the safety rules and the coaches' instated staff members, will not accept responsibility for of gymnastics, trampoline, tumbling, cheerleading case of any exhibition, competition, or clinic in word from the event. With the above in mind, and be involved, I consent to have my child or childrent Cheer. I, my executors, or other representated damages that I or my child may have against Gopaid or volunteer. I also affirm that I now have health, and accident insurance coverage which and my own protection. I also understand that about the dangers of gymnastics and injury. The | possibility of injury and encourage their children to ructions. Gym Tech Cheer, its coaches and other injuries sustained by any student during the course of any or dance instruction, or open workouts or in the hich he or she may participate while traveling to or ing fully aware of the risks and possibility on injury a participate in the programs offered by Gym Tech ves, waive and release all rights and claims for fiym Tech Cheer and/or its representatives whether and will continue to provide proper hospitalization. I consider adequate for both my child's protection it is the parents' responsibility to warn the child he parent should warn the child according to what will only warn the child through "Safety Messages' |
| Parent/Guardian Signature: | Date: |