



CHEER ALLIANCE FAMILY REGISTRATION FORM

Family Last Name: _____

Mother's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Address: _____

City _____ Zip _____

Main Email Address: _____

Secondary Email: _____

Emergency Contact Name: _____ Phone: _____ Relation: _____

Athlete Information

Child's Name/Age	Team	Date of Birth	Allergies	Injuries

Medical Information

Primary Care Physician: _____ Phone: _____

Insurance: _____ Policy Number: _____

Checklist of Required Forms for Registration Completion (please initial)

- | | |
|---|---|
| <p>____ Returning athlete(s)' information on file is current</p> <p>____ Athlete's birth certificate (all athletes if not on file)</p> <p>____ CA financial authorization form</p> <p>____ CA uniform and practice wear agreement</p> <p>____ CA membership form, if applicable</p> | <p>____ CA registration form (this form)</p> <p>____ CA registration payment \$125</p> <p>____ CA code of conduct/zero tolerance</p> <p>____ CA lifetime waiver</p> |
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I, the undersigned hereby certify that I am the parent or legal guardian of the above listed athlete(s), now registered as Cheer Alliance Team Member(s). The Team Member's desire to participate in the Cheer Alliance, Inc. cheerleading program for the 2014-2015 season. This cheerleading contract sets forth the terms and conditions stated in the Parent / Athlete Handbook that I have fully read and understand the rules set forth in it. I understand certain violations of team rules may result in suspension or dismissal from the Cheer Alliance program, and I remain obligated to pay any billable amounts outstanding. I also understand that there are NO REFUNDS issued at any time.

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION, AND VIDEO AND PHOTOGRAPHY RELEASE:

I understand that my child's photograph/video may be taken during the course of class instruction or during a special event. I hereby grant ____/do not grant ____ my permission for the resulting video and/or photograph to be used for any and all publicity and printing purposes. I also understand that in any activity the potential exists for injury, minimal to catastrophic. Cheer Alliance, Inc., their employees, volunteers, owners, officers and directors shall not be responsible for losses and damages associated with participation in any activity, exhibition, competition, clinic or travel to or from any event in which the above athlete's name(s) listed is involved. I hereby release Cheer Alliance, Inc. staff to render first aid my child(ren) in the event of any injury or illness, to seek medical assistance if deemed necessary and to transport said child to a medical facility. I agree to hold Cheer Alliance, Inc. and it's representatives harmless in their execution of this action. I have carefully read and understand the Acknowledgement of Risk, Waiver of Liability and Medical Authorization and understand that my signature is required below in order for my child/children to participate in any Cheer Alliance program.

Parent/guardian signature _____ Date _____