

# Pride Cheer Gym Registration Form/Waiver con't

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### WAIVER & RELEASE

I give my child, \_\_\_\_\_ who is a minor, permission to participate in the Pride Cheer Gym classes, teams, and camps a division of BIANCO SHCOOL OF BASEBALL. He/she has permission to participate in all it's practices, practice equipment, camps, functions, trips, events and/or team competitions. Since this is a physical activity, I have been advised to consult a physician, or state that he/she is physically capable of participating in this activity. Cheerleading, gymnastics and related activities are treated as a sport and will include strenuous physical activities such as gymnastics, jumps, partner stunting or pyramid building, dancing and conditioning leading up to these skills. While safety is the first priority of this program and it's staff, I am aware that risks are involved including but not limited to injuries (minimal, serious, catastrophic and/or death), serious neck and spinal injuries, serious injury to bones joints and muscles, or aggravation to an existing condition. I assume all risks of any such injuries or aggravation of any such condition that could occur and assume full responsibility for my child's participation. I hereby waive and release forever PRIDE CHEER GYM and BIANCO SCHOOL OF BASEBALL and it's staff, employees, teachers, coaches, agents, subcontractors, other program participants, sponsoring agents, advertisers, and if applicable, any owners and lessors or premises used to conduct Pride Cheer Gym Programs, from any and all claims for injuries which may arise as a result of participating in this program.

**Initial:** \_\_\_\_\_ I also give authorization for medical treatment or hospitalization of my child in case of any accident or illness that may arise if a parent or emergency contact cannot be reached.

**Initial:** \_\_\_\_\_ I permit my child's likeness, image or photograph to be used in conjunction with my child's involvement with this activity as may happen with team or gym marketing or publicity, including gym's website.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### CLASSES - CHECK ALL THAT APPLY

\_\_\_ All Star Cheer Team \_\_\_ All Star Dance Team \_\_\_ School Team/Camp: \_\_\_\_\_

\_\_\_ Tumbling Class: (Day): \_\_\_\_\_ (Time): \_\_\_\_\_

\_\_\_ Private \_\_\_ Semi Private

### SHIRT SIZES

YOUTH: \_\_\_ SMALL (6-8) \_\_\_ MEDIUM (10-12) \_\_\_ LARGE (14-16)

ADULT: \_\_\_ SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ X-LARGE

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## MEDICAL INFORMATION AND MEDICAL RELEASE

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Secondary Contact & Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does the Student have any special medical conditions or previous injuries that we should be aware of? If so please explain.

\_\_\_\_\_  
\_\_\_\_\_

Any Orthopedic conditions that will limit safe participation in any activity: \_\_\_\_\_

Contact Lenses \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetic \_\_\_\_\_ Cardiac Problem \_\_\_\_\_

List any allergies (including to medication):

\_\_\_\_\_ Bee Stings \_\_\_\_\_ Nuts (type: \_\_\_\_\_) \_\_\_\_\_ Poison Ivy/Oak \_\_\_\_\_ other: \_\_\_\_\_

List any prescription drugs we should be aware of: \_\_\_\_\_

Non-prescription Drugs: My child may be given non-prescription medicine, over-the-counter medicines as needed such as Tylenol, Advil, antacids, etc... \_\_\_\_\_ YES \_\_\_\_\_ NO

X \_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## MEDICAL INSURANCE INFORMATION

The undersigned certified that medical insurance covers the student while he/she participates in gymnastic/cheerleading activities at Pride Cheer Gym.

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Address \_\_\_\_\_

Policy Subscriber \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date