



GYMCHEER USA, Inc. & CALIFORNIA FLYERS REGISTRATION FORM

How did you hear about us? _____ Date: _____

PARTICIPANT INFORMATION:

Name _____ Age _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ E-mail _____

School now attending _____ Grade _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Mother _____ Phone _____ Cell _____ Work _____

Address _____ City _____ State _____ Zip _____

Check if same as above E-mail _____

Father _____ Phone _____ Cell _____ Work _____

Address _____ City _____ State _____ Zip _____

Check if same as above E-mail _____

Other (if unable to reach parent) _____ Phone _____ Cell/Work _____

Medical Insurance Company _____ Policy# _____ Group# _____

Name & Address of Regular Doctor _____ Phone _____

Please list allergies or any other medical condition that we should know about:

PLEASE SIGN ON REVERSE SIDE

GYMCHEER USA, Inc. & CALIFORNIA FLYERS

RELEASE OF LIABILITY

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses including negligence of "Releases" named below, associated with participation in Cheerleading activities and events, including but not limited to, dance, gymnastics, tumbling, stunts, pyramids, a Cirque Experience, and other types of movement, including but not limited to, use of all apparatus.. I agree that Gymcheer USA, Inc., and the sponsor of any Gymcheer USA, Inc. event, along with the employees, agents, officers, directors, representatives, guest officials, spectators, and next of kin shall not be liable for any and all, including but not limited to, death or damage to property or person(s), losses or damages occurring as a result of myself/my child's participation and travel to any event or activity. Any other representatives and I waive and release all rights and claims to sue for damages that my child or I may have against the staff or representatives of Gymcheer USA, Inc./California Flyers, and Cirque Experience.. I waive any and all rights and compensation, in any form, for pictures, films, or videotapes taken of me in the above activity and grant permission for them to be used for any publicity or publication process.

I HAVE READ THE RELEASE OF LIABILITY AND AM FULLY AWARE OF THE RISK INVOLVED WITH PARTICIPATION IN CHEERLEADING ACTIVITIES. BY SIGNING I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANCIAL RIGHTS, AND AGREE TO THE ABOVE.

PARENT SIGNATURE (IF A MINOR) _____ DATE _____

PARTICIPANT SIGNATURE _____ DATE _____

PERMISSION TO TREAT

I hereby give consent to the staff to render temporary first aid to myself/my child in the event of an injury or illness, and if necessary to seek appropriate medical attention.

PARENT SIGNATURE (IF A MINOR) _____ DATE _____

PARTICIPANT SIGNATURE (18 OR OLDER) _____ DATE _____