CHEER TIME REVOLUTION ALL STAR CHEER
To register, please complete and return this form along with registration fee to
CHEER TIME - 9107 Warden Road - SHERWOOD, AR 72120

REGISTRATION FORM

Child's Name _____ Age____ Sex____Birth Date _____

Parent's Names _____

Address_____ City_____Zip Code _____

Home Phone # _____ Mom Cell # _____

Parent's Email _____ Mom Work # _____

Dad Cell # _____ Dad Work # _____

Mom's Employer _____ Dad's Employer _____

Emergency Name _____ Emergency #_____

School _____ Grade _____

Medical Insurance Name _____ Policy # _____

Doctor Name _____ Phone # _____

How did you hear about our program? _____

(If from a friend, please name.)

Are there any physical or emotional limitations the instructors should consider in working with your child? _____

The non refundable $25 registration fee per child must be paid prior to your child's first lesson.

Cheer Waiver and Release Form

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

INITIAL:_____

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions. CHEER TIME, it coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of cheer or tumbling instruction, or open workouts, or in the course of any party exhibition, competition or clinic in which he or she may participate or while traveling to and from the event. With the above in mind, and being fully aware of the risks and possibilities of injuries, I consent to have my child participate in the programs offered by CHEER TIME. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against CHEER TIME and-or its representatives, whether paid or volunteer. I now also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand that CHEER TIME is in no way responsible for any child(s) injuries that are sustained in or around the vicinity of the CHEER TIME establishment (i.e. siblings, cousins, friends etc.).

INITIAL: _____

I understand that I am responsible to pay fees for all classes I am signed up to participate in. CHEER TIME does not prorate for classes missed on student's behalf. Payments should be made by the 1st of every month to avoid a $25.00 late fee after the 10th of every month. I also understand that should I decide to remove my child from the program, I must provide a written notice to CHEER TIME 30 days in advance.

PARENT/GUARDIAN SIGNATURE:_____DATE:_____

O V E R - Please Complete

Assumption of Risk – Waiver of Liability – Medical Attention

Name of Child Participant (if under 18 years of age): _____ Birthdate: _____

Consent to Participate

As the parent or legal guardian of the student(s) named above, I hereby consent to their participation in any of the programs offered by **Cheer Time, LLC** and to use the facilities **Cheer Time Revolution** including tumble/cheer classes, recreational teams, competitive teams, camps/clinics, birthday parties and fun day/night activities. I, the minor's parent or legal guardian, understand the nature of the activities my child will be involved in at **Cheer Time Revolution** and the minor's experience and capabilities, and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activities.

_____ (Initial Here) I Have Read The Above and Agree.

Acknowledgement of Risk

I understand and acknowledge that by the very nature of activity; cheerleading, tumbling and trampoline all carry a risk of physical injury, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs. No matter how careful the student and coach, no matter how many spotters are used, no matter how many mats provide, no matter what type of equipment is provided and no matter how many times the skill may have been performed successfully, the risk cannot be eliminated. **I UNDERSTAND AND ACCEPT THAT RISK.** Being fully aware of these dangers, I hereby give consent for my child/children.

_____ (Initial Here) I Have Read The Above and Agree.

Release of Covenant Not to Sue

In consideration of my child's/children's participation, I hereby release and covenant not-to-sue **Cheer Time, LLC**, and any of their employees, teachers, coaches, or agents, from any and all present and/or future claims resulting from ordinary negligence on the part of **Cheer Time, LLC** or others listed for property damage or personal injury arising as a result of my child's/children's participation in cheerleading, tumbling and trampoline and other activities, or any activities incidental there to while at **Cheer Time Revolution**, wherever, whenever, or however the same may occur. This includes camps/clinics, birthday parties and fun day/night activities.

_____ (Initial Here) I Have Read The Above and Agree.

Indemnify For Possible Future Medical Expenses

As the parent or legal guardian of the above named child/children, I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child/children as a result of any injury sustained while participating of any program of instruction, competition, or recreation at, for or under the direction of **Cheer Time Revolution** or for any injury sustained during birthday parties and fun day/night activities. In any event of any accident or emergency, I hereby authorize my child/children to be transported to a hospital for medical treatment and I hold Cheer Time Revolution and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses that may be incurred by me or my child or children as a result of any injury sustained participating at or for **Cheer Time Revolution**.

_____ (Initial Here) I Have Read The Above and Agree.

Consent to Use Photographs

Photographs of students and staff my occasionally be taken for use in various informational, promotional and advertising efforts.

_____ (Initial Here) I Have Read The Above and Agree.

Gym Rules to be Observed

Parent(s)/Legal Guardian(s), adult visitors/guests are not allowed on gym floors, trampolines or apparatus's for any reason. Sitting area is provided for viewing. Siblings, student visitors/guests must also have filled out & signed release waiver.

_____ (Initial Here) I Have Read The Above and Agree.

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Parent/Legal Guardian's Signature **Print Legal Signature** **Date**