

SOLID ROCK CHEER CENTER, INC./ROCK SOLID ALLSTARS

GENERAL INFORMATION

		Cheerleader e-mail _____	
		Parent e-mail _____	
Cheerleader full name _____	DOB _____	SS# _____	Home phone # _____
Street Address _____		City, State & Zip Code _____	
		Cheerleader Cell phone # if applicable _____	
Father's name _____	Cell# _____	Mother's name _____	Cell# _____
SS# _____		SS# _____	
Occupation _____	Work# _____	Occupation _____	Work# _____
Emergency #, name & relationship _____		Emergency #, name & relationship _____	

NOTICE AND RELEASE

Gymnastics, tumbling, dancing, stunting, exercise, cheerleading, and motor development are activities with inherent risks of personal injury and even possible death. The undersigned parent, guardian or student has had an opportunity to discuss those risks with the management of the Solid Rock Cheer Center, Inc. All questions relating to the risks of injury have been answered, and the undersigned are fully aware of the risks of personal injury.

In consideration of the student's participation in the program of the Solid Rock Cheer Center, Inc., the undersigned hereby releases the Solid Rock Cheer Center, Inc., its officers, agents, employees, instructors, and owners from all claims, demands, and causes of action of any type or nature including claims for pain, suffering, emotional distress, disability or medical expense arising out of the student's participation in the program of the Solid Rock Cheer Center, Inc.

The undersigned acknowledges that they are responsible and required to have insurance coverage for registered members of the Solid Rock Cheer Center, Inc., has made no commitment to pay medical expenses of any injured student.

The undersigned has read this notice and release and understands its terms.

Cheerleader/Member signature _____	Date _____	Parent/Guardian signature _____	Date _____
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MEDICAL RELEASE INFORMATION

Do you have insurance? Yes No _____
 Company Name _____

Policy Group # and Member # _____	Preferred Hospital _____	Pediatrician Name and Phone Number _____
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PERMISSION FOR MEDICAL/EMERGENCY TREATMENT

I confirm that the above named member is in good health and has had a physical exam within the last year. I do hereby authorize consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which are deemed necessary and are rendered under the general or special supervision of any physician or surgeon. This authorization shall remain effective until revoked in writing. Please list any problems including reactions and medical history which we should be aware of:

If you do not grant authorization for consent for medical treatment, what procedures should be followed:

Signature of Parent/Guardian _____	Date _____
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Sworn to and subscribed before me this _____ day of _____, 20____ by _____, who is personally known to me or has produced _____ Driver's License number _____ as identification.

 Notary Public, State of Florida, County of Pinellas

	Amount	Staff
Cash		
Check		

Are you interested in our Rock Solid All-star program?	YES	NOT NOW
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OFFICE USE ONLY	
LITTLE ROCKIES	GYM
Mini	PVT
Youth	SEMI-PVT
Jr 2 4 5	REG. FEE
SR	Open Gym
COED	