

SOLID ROCK CHEER CENTER, INC./ROCK SOLID ALLSTARS

GENERAL INFORMATION

				Cheerleader e-mail _____			
				Parent e-mail _____			
Cheerleader full name		DOB				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

Trampolines, 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., it's officers, agents, employees, instructors, owners and all others entities acting in any capacity on their behalf from all claims, demands, and causes of 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., And understands that Solid Rock Cheer Center, Inc. has made no commitment to pay medical expenses of any injured student.

In the event that I file a lawsuit against Solid Rock Cheer Center, Inc. and attorneys fees and or deductibles are incurred, I agree to indemnify and reimburse them for such fees and costs. 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			

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		OFFICE USE ONLY			
		TEAM	LEVEL	CLASS	
		LR	1	Tumble	Stunt
		MINI	2	Private	PVT
		YOUTH	3	Semi-Pvt	SEMI-PVT
		JUNIOR	4	Stunting	REG. FEE
		SENIOR	5	Open Gym	
		COED	ASP	Camp	

	Amount	Staff	
Cash			Are you interested in our Rock Solid All-star program? YES NO
Check			