

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# _____

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. This Notice/Release/Medical agreement will automatically renew each year unless parent or legal guardian terminates membership in writing. The undersigned has read this notice and release and understands its terms.

Cheerleader/Member signature _____

Date _____

Parent/Guardian signature _____

Date _____

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 _____

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	
TINY	1	Tumble	
MINI	2	Private	
YOUTH	3	Semi-Pvt	
JUNIOR	4	Stunting	REG. FEE
SENIOR	5	Open Gym	PAID
COED	ASP	Camp	

	Amount	Staff
Cash		
Check		

Are you interested in our Rock Solid All-star program? YES NO